ot. Health,
., & Welfare
S. Public
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ev. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

47434
STATE FILE NUMBER

FILED JAN 27 1958

Registration District No. 187 Primary Registration District No. 9040 Registrar's No. 47

1. PLACE OF DEATH
a. COUNTY Livingston
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chillicothe — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Chillicothe Hospital — Length of stay in Hospital 2 days.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Carroll
c. CITY OR TOWN Hale, — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First Emma Middle Octavia Last Ballew,

4. DATE OF DEATH: Month Dec. Day 21st Year 1957

5. SEX: F
6. COLOR OR RACE: white
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐
8. DATE OF BIRTH: Nov. 15th, 1873
9. AGE (In years last birthday): 84
IF UNDER 1 YEAR: Months 1 Days 6 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: at Home
11. BIRTHPLACE (City and state or country): DeWitt, Missouri
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Francis F. Audsley
14. MOTHER'S MAIDEN NAME: Harriett Sullivan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Audsley Ballew, Address: Hale, Missouri.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): An operation for a fractured hip had just been completed
19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT X SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour, Month, Day, Year a. m. p. m.
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

9049
47

21. I attended the deceased from Dec 19-57 to Dec 21-57 and last saw her alive on Dec 21-57
Death occurred at 1:15 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Joseph A. Conrad (Degree or title) M.D.
22b. ADDRESS: Chillicothe, Mo
22c. DATE SIGNED: Dec 24-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Dec. 24, 1957
23c. NAME OF CEMETERY OR CREMATORY: Hale cemetery
23d. LOCATION (City, town, or county) (State): Hale, Missouri

24. FUNERAL DIRECTOR: Clifford W. Austin, ADDRESS: Hale, Missouri.
25. DATE RECD. BY LOCAL REG.: Dec 24-57
26. REGISTRAR'S SIGNATURE: Frances A Neill

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 3233

P. O. Address Tina, Missou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.