

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-004516  
STATE FILE NUMBER

FILED FEB 16 1959

Registration District No. 38 Primary Registration District No. 5120 Registrar's No. 75

300 4  
1-57

1. PLACE OF DEATH a. COUNTY Boone			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Columbia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Boone Co. Rest Home		Length of stay in lb Lifetime	d. STREET ADDRESS (If outside, give location) -----		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last STEPHEN JOSEPH BALLEW			4. DATE OF DEATH Month Day Year February 9, 1959		
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 12, 1877	9. AGE (In years last birthday) 81	F UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stone Mason		10b. KIND OF BUSINESS OR INDUSTRY Stone Mason	11. BIRTHPLACE (City and state or country) Boone County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME William Ballew		13b. MOTHER'S MAIDEN NAME Chloe Stephens		14. NAME OF HUSBAND OR WIFE Sallie Lee Barnes	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Mrs. E.S. Parkes, Columbia, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Primary of Prostate</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>177X</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1954</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) -		
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			-		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm,actory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>June 1-59</u> to <u>Feb-9-59</u> and last saw her alive on <u>Feb-8-59</u> Death occurred at <u>7:45 p m</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>F.C. Suggert M.D.</u> (Degree or title)			22b. ADDRESS <u>Columbia, Mo</u>		22c. DATE SIGNED <u>2-10-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Feb. 11, 1959	23c. NAME OF CEMETERY OR CREMATORY Columbia Cemetery		23d. LOCATION (City, town, or county) (State) Columbia, Missouri.
24. FUNERAL DIRECTOR ADDRESS Parker Funeral Service, Columbia, Mo.			25. DATE RECD. BY LOCAL REG. Feb 11 1959	26. REGISTRAR'S SIGNATURE Mrs R E Palmer	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related. No symptoms will be listed.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *J. W. Phillips* .....  
Licensed Embalmer No. *4897* .....

P. O. Address *Columbia, Md.* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure 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.