

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-032161

FILED VS SEP 21 1959

Registration District No. 42 Primary Registration District No. 1876 Registrar's No. 49

STATE FILE NUMBER

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>Howell</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Goldsberry</b>		Length of stay in 1b		c. CITY OR TOWN <b>Winona</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Francis Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <b>Nellie</b>		Middle <b>May</b>		Last <b>Ballance</b>		Month Day Year <b>September 4, 1959</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>k White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4-15-59</b>	9. AGE (last birthday) <b>54</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Eminence, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Frank Tarter</b>			13b. MOTHER'S MAIDEN NAME <b>Jane Huddelston</b>		14. NAME OF HUSBAND OR WIFE <b>Clark Ballance</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT <b>Clark Ballance Winona, Missouri</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a)		<b>cerebral hemorrhage</b>					
DUE TO (b)		<b>hypertension</b>					
DUE TO (c)		<b>arteriosclerosis</b>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>chronic nephritic</b>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <b>9/2/59</b> to <b>9/4/59</b> and last saw her alive on <b>9/4/59</b>				Death occurred at <b>12:30 AM</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Harold W. Miller M.D.</b>				22b. ADDRESS <b>Willow Springs Mo.</b>		22c. DATE SIGNED <b>9/12/59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>9-7-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>New Eminence, Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Eminence, Missouri</b>		
24. FUNERAL DIRECTOR <b>Duncan Funeral Home Mtn View, Mo.</b>			ADDRESS <b>9-19-59</b>		25. DATE RECD. BY LOCAL REG. <b>Laura Mitchell</b>		
			26. REGISTRAR'S SIGNATURE				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

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

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Richard A. Norton

Licensed Embalmer No. 5029

P. O. Address Mtn View

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.