

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-029045

STATE FILE NUMBER

AMENDED

Registration District No. 382

Primary Registration District No. 5545

Registrar's No. 15

FILED SEP 15 1961

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Howard	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Chatham Township</i>		c. CITY OR TOWN Fayette	
Length of stay in 1b 6 months		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF DECEASED IN HOSPITAL, give location HOSPITAL OR INSTITUTION <i>St. Joseph R#2</i>		d. STREET ADDRESS (If outside, give location) 800 Besgrove St.	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last LOU ELMA BALLEW			4. DATE OF DEATH Month Day Year SEPT. 19, 1961		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/4/1874	9. AGE (last birthday) 87	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and state or country) Howard County, Mo.	
12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME Charles Obed Swearingen			13b. MOTHER'S MAIDEN NAME Mary Boozer		14. NAME OF HUSBAND OR WIFE Charles Emmitt Ballew
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 Mrs Carl Slagle Fayette, 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) (1) Cerebral Embolism Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) (2) Chronic Cardio-Vascular Disease DUE TO (c) (3) Hypertension PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 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		INTERVAL BETWEEN ONSET AND DEATH 2 wks 3 yrs
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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 1-19-1959 to 9-9-61 and last saw her alive on 9-8-61 Death occurred at 9:25 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. Bloom M.D.		22b. ADDRESS Fayette Mo	22c. DATE SIGNED 9-12-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 9/9/1961	23c. NAME OF CEMETERY OR CREMATORY Walnut Ridge Cem.	23d. LOCATION (City, town, or county) Fayette, Missouri
24. FUNERAL DIRECTOR Ralph A. Carr		25. DATE RECD. BY LOCAL REG. Sept. 13, 1961	
ADDRESS Fayette, Mo.		26. REGISTRAR'S SIGNATURE Walker Andoley	

(Licensed Embalmer's Statement on Reverse Side)

SEP 29 1961

**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,

~~embalmed~~ by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

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

Signed

*Ralph A. Carr*

Licensed Embalmer No. 3340

P. O. Address Dayton, Mo

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.