

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-029421

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

274

Primary Registration District No.

3052

Registrar's No.

254

FILED JUL 19 1963

1. PLACE OF DEATH

a. COUNTY

PETTIS

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

SEDALIA

Length of stay in 1b

6 WKS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

CAMPBELL NURSING HOME

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

PETTIS

Inside Limits

Yes ☐ No ☒

c. CITY OR TOWN

LA MONTE

d. STREET ADDRESS

R. 7. W. #1

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

First

Middle

Last

(Type or print)

ARVELLA

MILDRED

BALLEW

4. DATE OF DEATH

Month Day Year

7

13

1963

5. SEX

F

6. COLOR OR RACE

W

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

12-14-01

9. AGE (last birthday)

61

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

FARM

11. BIRTHPLACE (City and state or country)

GREEN RIDGE MO

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

ISAAC L. GREGORY

13b. MOTHER'S MAIDEN NAME

OZELLA F. CRAIG

14. NAME OF HUSBAND OR WIFE

GUY 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.

17. INFORMANT

BEULAH McMULLIN LA MONTE 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)

Carcinoma of pancreas

INTERVAL BETWEEN ONSET AND DEATH

7 months

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)

PART III. If deceased was female was there a pregnancy in last 90 days?

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT 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

21. I attended the deceased from 2/25/63 to 7/13/63 and last saw her alive on 7/5/63. Death occurred at 8:00 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

John E. Renny M.D.

22b. ADDRESS

1609 So Limit Sedalia Mo

22c. DATE SIGNED

7/15/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

7-15-63

23c. NAME OF CEMETERY OR CREMATORY

GREEN RIDGE CEMETERY

23d. LOCATION (City, town, or county)

GREEN RIDGE MO

24. FUNERAL DIRECTOR

ADDRESS

PAUL M. MOORE LA MONTE MO

25. DATE RECD. BY LOCAL REG.

July 15, 1963

26. REGISTRAR'S SIGNATURE

F. Shelby Anderson

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

(Licensed Embalmer's Statement on Reverse Side)

AUG 23 1963

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

Paul M. Moore

Licensed Embalmer No.

3923

R. O. Address

Le Monte, 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.