

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-035926

STATE FILE NUMBER

Registration District No. 140 Primary Registration District No. 3024 Registrar's No. 96

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0451

2 0451

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12 2-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fayette		Length of stay in 1b 40 days	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Keller Memorial Hosp.		Inside Limits Yes ☒ No ☐	
3. NAME OF DECEASED (Type or print) GLADYS WELLS BALLEW		4. DATE OF DEATH Month September Day 10, Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH 1/13/1902
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	
11. BIRTHPLACE (City and state or country) Howard Co. Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Jeff Davis Wells		13b. MOTHER'S MAIDEN NAME Sarah Eliza Gallemore	
14. NAME OF HUSBAND OR WIFE Charles W. 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. 486-05-9506		17. INFORMANT Mrs Bessie Rush Moberly, 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) <i>Cardiac Decompensation</i> DUE TO (b) <i>Myocarditis</i> DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 3 mos. 7 yrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Diabetes mellitus</i>		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 June 1957 to Sept. 10-63 and last saw her alive on Sept. 10-63. Death occurred at 10:15 P.M. of the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Wm. G. Shaw M.D.</i>		22b. ADDRESS <i>Fayette Mo.</i>	
22c. DATE SIGNED 9-12-63		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 9/12/63		23c. NAME OF CEMETERY OR CREMATORY Fayette City Cemetery	
23d. LOCATION (City, town, or county) Fayette, Missouri		24. FUNERAL DIRECTOR <i>Ralph A. Carr</i>	
24. ADDRESS Fayette, Mo		25. DATE RECD. BY LOCAL REG. 9-12-63	
26. REGISTRAR'S SIGNATURE <i>Katherine Walsh</i>			

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,

on 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 Fayette, 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.

Permit issued 9-12-63