

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-050651

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 378 Primary Registration District No. 4552 Registrar's No. 69

FILED DEC 17 1963

1. PLACE OF DEATH a. COUNTY <u>WRIGHT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>WRIGHT</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mtn. Grove</u>		c. CITY OR TOWN <u>Mtn. Grove</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If outside, give location) <u>—</u>	

3. NAME OF DECEASED (Type or print) <u>Gwendolyn Maple Ballew</u>		4. DATE OF DEATH Month <u>Dec.</u> Day <u>7</u> Year <u>1963</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED ☒ NEVER MARRIED ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH <u>11-7-1906</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bookkeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	
11a. FATHER'S NAME <u>Albert Miller</u>		11b. MOTHER'S MAIDEN NAME <u>MAPLE Hoover</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	
17. INFORMANT <u>R.T. Ballew</u>		17. ADDRESS <u>Mtn. Grove Mo.</u>	

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>Pulmonary Edema</u> DUE TO (b) <u>Cerebral Embolism</u> DUE TO (c) <u>2 - previous Cerebral Embolism past 15 yrs</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 da</u> <u>5 da</u>
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 <u>—</u> a.m. <u>—</u> p.m. <u>—</u>	20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	20e. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Mountain Grove, Missouri</u>
21. I attended the deceased from <u>11/6/63</u> to <u>12/7/63</u> and last saw her alive on <u>Dec. 7, 1963</u> Death occurred at <u>2:50 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22b. ADDRESS <u>Mountain Grove, Missouri</u>	
22a. SIGNATURE (Degree or title) <u>W.A. Craig M.D.</u>		22c. DATE SIGNED <u>Dec. 11, '63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>12-9-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>PRAIRIE Hollow</u>	23d. LOCATION (City, town, or county) (State) <u>DOUGLAS County MO.</u>
24. FUNERAL DIRECTOR <u>Max L Miller, Mansfield Mo</u>		25. DATE RECD. BY LOCAL REG. <u>12-12-1963</u>	
26. REGISTRAR'S SIGNATURE <u>Bernice L. Silberman</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

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 Max L Miller

Licensed Embalmer No. 4720

P. O. Address Mansfield 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.