

FILED SEP 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30085

| | | | | | | | |
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| BIRTH NO. _____ | | REG. DIST. NO. <u>387</u> | | PRIMARY REG. DIST. NO. <u>5208</u> | | Registrar's No. <u>12</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Carroll</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Hale Hurricane</u> | | c. LENGTH OF STAY (in this place) <u>10 years</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Hale, RFD</u> | | | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION | | | | d. STREET ADDRESS (If rural, give location) <u>RFD</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>AMOS</u> | | b. (Middle) <u>C.</u> | | c. (Last) <u>BALLEW</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 17th, 1956</u> | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Jan. 1, 1900</u> | | 9. AGE (In years last birthday) <u>56</u> | IF UNDER 1 YEAR Months <u>8</u> Days <u>16</u> | IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>livestock</u> | | 11. BIRTHPLACE (State or foreign country) <u>Hale, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>John C. Ballew,</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Mary Engleman,</u> | | 14. NAME OF HUSBAND OR WIFE <u>Blanche Ballew,</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>494-01-2843</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Blanche Ballew, Hale, Mo.</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Circulatory Failure + Cardiac Distention</u> ANTECEDENT CAUSES Ascribed conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>myxomatous Occlusion of aortic Regurgitation</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>9-17, 1956</u> , to <u>9-17, 1956</u> , that I last saw the deceased alive on <u>9-17, 1956</u> , and that death occurred at <u>1:25 P m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Norman F. Hansen D.O.</u> | | | | 23b. ADDRESS <u>Hale, Missouri</u> | | 23c. DATE SIGNED <u>9/18/56</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>9/19/1956</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Hale Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Hale, Missouri</u> | | |
| DATE REC'D BY LOCAL REG. <u>Sept. 19, 1956</u> | | REGISTRAR'S SIGNATURE <u>Miss Rex Henderson</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clifford W. Austin F.H. Hale, Mo.</u> | | | |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

49-0

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
Student Embalmer

Signed _____

Clifford W. Austin
Licensed Embalmer No. 3233

P. O. Address Tina, Missouri.

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 this body is not embalmed, fact should be so stated above.