

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17434

STATE FILE NUMBER

FILED JAN 27 1958

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 47

pt. Health,
, & Welfare
S. Public
h Service

S. 300
v. 1-56

Doctor, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Livingston				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Carroll			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chillicothe		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Hale,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Chillicothe Hospital 2 days.				Length of stay in lb		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Duma Middle Octavia Last Ballew,				4. DATE OF DEATH Month Dec. Day 21 Year 1958			
5. SEX F	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 Nov. 15th, 1873		9. AGE (In years last birthday) 84	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and state or country) Dewitt, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Francis F. Audsley				14. MOTHER'S MAIDEN NAME Harriatt Sullivan			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. ---		17. INFORMANT Address Audsley Ballew, Hale, Missouri.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion						INTERVAL BETWEEN ONSET AND DEATH Instant	
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) An operation for a fractured hip had just been completed						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
20a. ACCIDENT <input checked="" 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.) 9049					
20c. TIME OF INJURY Hour, Month, Day, Year a. m. p. m. 47							
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 9 COUNTY STATE			
21. I attended the deceased from Dec 19-58 to Dec 21-58 and last saw her alive on Dec 21-58 Death occurred at 7:15 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Joseph A. Conrad M.D.				22b. ADDRESS Chillicothe, Mo		22c. DATE SIGNED Dec 24-58	
23a. BURIAL, CREATION, REMOVAL (Specify) Burial		23b. DATE Dec. 24, 1957		23c. NAME OF CEMETERY OR CREMATORY Hale cemetery		23d. LOCATION (City, town, or county) (State) Hale, Missouri	
24. FUNERAL DIRECTOR ADDRESS Clifford W. Austin, Hale, Missouri.				25. DATE RECD. BY LOCAL REG. Dec 24-57		26. REGISTRAR'S SIGNATURE Francis B Neill	

Cornell

Missouri

Laboratory

X

State

X

Certificate

X

Chillicothe Hospital

Chillicothe, Mo.

Bellevue

Occupational

Name

18

84

Nov. 15, 1877

X

White

F

U. S. A.

Bellevue, Missouri

Bellevue

Harriet J. Sullivan

Francis F. Anderson

Anderson, Bellevue, Missouri

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by Student Embalmer No.

working under my personal supervision.

Student

Signature of Student Embalmer

Signed

Clyde 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. (Fa 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.

MISSOURI

DO. STATE

MISSOURI

Chillicothe, Missouri