

FILED JUL 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23603

State File No.

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 150

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY OR TOWN <u>Chillicothe</u>		c. CITY OR TOWN <u>rural, Grape Grave twm.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chillicothe Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John.</u> b. (Middle) <u>Thomas</u> c. (Last) <u>Ballew</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 13, 1954</u>			
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		
8. DATE OF BIRTH <u>June 24, 1871</u>		9. AGE (In years last birthday) <u>83 yrs.</u>		IF UNDER 1 YEAR Months Days Hours Min.		
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>Gen. Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Carroll County Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>US.</u>						

13a. FATHER'S NAME <u>George Ballew</u>		13b. MOTHER'S MAIDEN NAME <u>Sophia Hollingsumth</u>		14. NAME OF HUSBAND OR WIFE <u>Sophia Ballew</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>---</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs John Ballew Cowgill, Mo. RFD</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			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism</u>		DUE TO (b) <u>Thrombophlebitis of Saphenous</u>			<u>1 day</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Fracture left femur</u>			<u>2 days</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Chronic Glomerulonephritis</u>			<u>4 days</u>	
19a. DATE OF OPERATION <u>12 July 54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Fracture left femur</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>059</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 9 July, 1954, to 13 July, 1954, that I last saw the deceased alive on 13 July, 1954, and that death occurred at 7:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. Martin</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Chillicothe Mo.</u>		23c. DATE SIGNED <u>14 July 54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 15, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cowgill Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Cowgill, Missouri</u>	
DATE REC'D BY LOCAL <u>7-22-54</u>		REGISTRAR'S SIGNATURE <u>Frances B. Neill</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mead's Funeral Service</u>		ADDRESS <u>Braymer Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

592

BPM

STATEMENT BY LICENSED EMBALMER

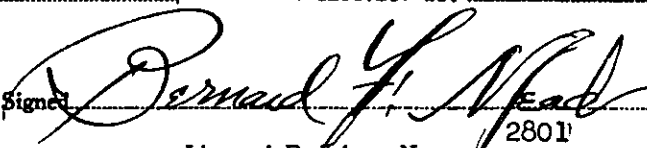
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 2801

P. O. Address Braymer, 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 this body is not embalmed, fact should be so stated above.