

FILED MAY 5 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12575**

BIRTH NO. _____ REG. DIST. NO. **187** PRIMARY REG. DIST. NO. **3449** Registrar's No. **88**

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, write RURAL and give township) OR TOWN Chillicothe		c. CITY OR TOWN Hale,	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 0190
c. LENGTH OF STAY (in this place) 2 weeks		e. STREET ADDRESS (If rural, give location) East part of town.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Chillicothe Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) RUTH	b. (Middle)	c. (Last) BALLEW	4. DATE OF DEATH (Month) (Day) (Year) April 26, 1955
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5. SEX F	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 25th, 1893	9. AGE (In years last birthday) 62	10. UNDER 1 YEAR 3	11. UNDER 2 HRS. 1
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife,	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Livingston County, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Chas. Mitchell	13b. MOTHER'S MAIDEN NAME Mary Root,	14. NAME OF HUSBAND OR WIFE Chas. Ballew.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS) Delbert Ballew, Hale, Mo.
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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, asphyxia, 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) Uremia	DUPLICATE		3 days
ANTECEDENT CAUSES	DUPLICATE		24 hours
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUPLICATE		3 weeks
DUPLICATE	DUPLICATE		
II. OTHER SIGNIFICANT CONDITIONS	DUPLICATE		
Conditions contributing to the death but not related to the disease or condition causing death.	DUPLICATE		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331 X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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
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22. I hereby certify that I attended the deceased from **Dec**, 19**53**, to **April 26**, 19**55**, that I last saw the deceased alive on **April 25**, 19**55**, and that death occurred at **3:20 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Joseph F. Sale M.D.	23b. ADDRESS Chillicothe, Mo	23c. DATE SIGNED 4-28-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 28, 1955	24c. NAME OF CEMETERY OR CREMATORY Hale cemetery	24d. LOCATION (City, town, or county) (State) Hale, Missouri
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DATE REC'D BY LOCAL REG. 4/28/55	REGISTRAR'S SIGNATURE Frances B. Neill	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clifford W. Austin, Hale, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

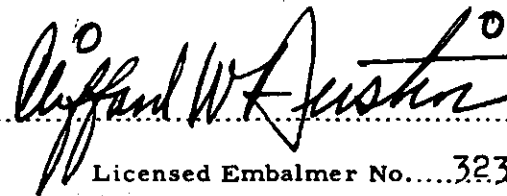
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STATEMENT BY LICENSED EMBALMER

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.....



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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.