

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14316**

FILED APR 30 1957

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 6022 Registrar's No. 50

0890

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

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). ---a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Richmond township.</u>		c. LENGTH OF STAY (in this place) township) <u>1 week</u>	c. CITY OR TOWN <u>Richmond</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ray County Memorial Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>RIX</u>	
e. STREET ADDRESS (If rural, give location) <u>1/2 mile north of Richmond</u>		0890	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPH</u> b. (Middle) <u>SHIPP</u> c. (Last) <u>BALLEW</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 20, 1957</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>June 8, 1864</u>
9. AGE (In years last birthday) <u>92</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>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Howard County, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Cyrus Ballew</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Shipp</u>		14. NAME OF HUSBAND OR WIFE <u>Sally Calloway</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Claude Powell, Richmond, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral accident</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		3 31 x	
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)	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>4-1-</u> , 18 <u>67</u> to <u>4-20</u> , 19 <u>57</u> , that I last saw the deceased alive <u>4-20</u> , 19 <u>57</u> , and that death occurred at <u>1:30 p.m.</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>J. H. [Signature]</u>		23b. ADDRESS <u>Richmond</u>	23c. DATE SIGNED <u>4-22-57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 22, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Ridge Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Fayette, Mo.</u>
DATE REC'D BY LOCAL REG. <u>April 22-1957</u>	REGISTRAR'S SIGNATURE <u>Mabel Jackson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Levan Thurman</u>	ADDRESS <u>Richmond, Mo.</u>

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April 22

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, *dy/bn/*....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Wm. L. Thurman*.....

Licensed Embalmer No. *4563*.....

P. O. Address *Richmond, 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.