

SEP 6 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27419

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 285

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Hannibal</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Fabius Township</u>	
c. LENGTH OF STAY (in this place) <u>6 days</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Elizabeth</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Sarah</u>	b. (Middle) <u>Meyers</u>	c. (Last) <u>Balue</u>	(Month) <u>Aug.</u>	(Day) <u>24</u>	(Year) <u>1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>8-25-1865</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Lexington, Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Henry Mason</u>	13b. MOTHER'S MAIDEN NAME <u>Harriett Smith</u>	14. NAME OF HUSBAND OR WIFE <u>Frank Balue</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>William Meyers</u> ADDRESS: <u>Palmyra, 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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: <u>Shock, Post operative</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 (b) <u>Pinning of Fractured hip</u> DUE TO (c) _____		<u>1 da.</u>
II. OTHER SIGNIFICANT CONDITIONS <u>Arteriosclerotic heart disease</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes</u>			<u>3 yrs</u> <u>5 yrs</u>

19a. DATE OF OPERATION <u>8/24/49</u>	19b. MAJOR FINDINGS OF OPERATION <u>Fractured left hip.</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>Palmyra Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug. 19 1949 A.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell out of bed</u>

22. I hereby certify that I attended the deceased from 8/22, 1949, to 8/24, 1949, that I last saw the deceased alive on 8/24, 1949, and that death occurred at 9 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. J. H. Hill M.D.</u>	23b. ADDRESS <u>Palmyra Mo</u>	23c. DATE SIGNED <u>8/26/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>27 Aug. '49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood</u>
24d. LOCATION (City, town, or county) (State) <u>Palmyra, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Palmyra Bros</u> ADDRESS <u>Palmyra, Mo.</u>
DATE REC'D BY LOCAL REG. <u>8-27-49</u>	REGISTRAR'S SIGNATURE <u>Dr. E. Mauck</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

64  
3  
4

**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 \_\_\_\_\_

*Robert Lewis*

Licensed Embalmer No. \_\_\_\_\_

*2382*

P. O. Address \_\_\_\_\_

*Delmar - Del*

**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.