

FILED OCT 29 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33751

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4339

1. PLACE OF DEATH  
a. COUNTY Jackson  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City  
c. LENGTH OF STAY (in this place) 9-8-49-10-7  
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY Livingston  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hale Rural Grand River  
d. STREET ADDRESS (If rural, give location) North east of Hale

3. NAME OF DECEASED  
a. (First) Mary b. (Middle) Lola c. (Last) Ballew 4. DATE OF DEATH (Month) (Day) (Year) October 7, 1949

5. SEX female 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced 8. DATE OF BIRTH April 11, 1912 9. AGE (In years last birthday) 37 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house keeper 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (State or foreign country) Hale, Missouri 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME John C. Ballew 13b. MOTHER'S MAIDEN NAME Mary E. Engleman 14. NAME OF HUSBAND OR WIFE --

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. -- 17. INFORMANT'S SIGNATURE OR NAME Stella Ballew ADDRESS Hale Missouri

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) acute glomerular nephritis with  
ANTECEDENT CAUSES hypertension & uremia  
\*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.  
DUE TO (b) \_\_\_\_\_  
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? YES  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from Sept. 8, 1949, to Oct. 7, 1949, that I last saw the deceased alive on Oct. 7, 1949, and that death occurred at 8 A. m., from the causes and on the date stated above.

23a. SIGNATURE D. R. Black M. D. (Degree or title) 23b. ADDRESS 924 Prof. Bldg. K. C. Mo. 23c. DATE SIGNED 10-7-49

24a. BURIAL, CREMATION, REMOVAL removal 24b. DATE 10-9-49 24c. NAME OF CEMETERY OR CREMATORY Hale Cem. 24d. LOCATION (City, town, or county) (State) Hale, Carroll, Mo.

DATE REC'D BY LOCAL REG. 10-11-49 REGISTRAR'S SIGNATURE Seraldine Holmes 25. FUNERAL DIRECTOR'S SIGNATURE Frank E. Slater ADDRESS Hale, Mo.

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

48  
10-11-49

**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. \_\_\_\_\_

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

**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.

etc. It means the disease, injury, or complication which caused death.		the underlying cause last.		DUE TO (c) <i>new records</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)	
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?	
22. I hereby certify that I attended the deceased from <u>Sept. 8, 1949</u> , to <u>Oct. 7, 1949</u> , that I last saw the deceased alive on <u>Oct. 7, 1949</u> , and that death occurred at <u>8 A.</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <i>A. B. Clark</i> (Degree or title)		23b. ADDRESS <u>924 Prof. Bldg., K.C., Mo.</u>		23c. DATE SIGNED <u>9/8/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Oct. 9-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hale Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Hale, Carroll, Mo.</u>		DATE REC'D BY LOCAL REG. <u>10-11-49</u>		REGISTRAR'S SIGNATURE <i>Sheraldine Holmes</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Frank E. Slater</i>		ADDRESS			

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

*Frank E. Slater*

Licensed Embalmer No. *937*

P. O. Address *Hile 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.