

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

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED NOV 15 1955

33902

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>171</u>		PRIMARY REG. DIST. NO. <u>5637</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>				2. USUAL RESIDENCE (Where deceased lived if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>					
b. CITY OR TOWN <u>Wellington Mo</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>2810 Elmwood</u>		3009			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri River Claytons</u>				d. STREET ADDRESS (If rural, give location) <u>Kansas City Mo</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Erud</u> b. (Middle) <u>Lerome</u> c. (Last) <u>Ballew</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-6-1955</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>Sept. 19, 1927</u>	9. AGE (in years last birthday) <u>28</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Southern Plaza</u>		11. BIRTHPLACE (State or foreign country) <u>Marshall, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>George W. Ballew</u>		13b. MOTHER'S MAIDEN NAME <u>Ida Rowland</u>		14. NAME OF HUSBAND OR WIFE <u>Antoinette Ballew</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>no record</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dorothy Davis Rural #3 Independence, 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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Accidental Drowning</u>				DUPLICATE IN MISSOURI ARCHIVE					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Boat Capsize in Missouri River with a drunk hunting party</u>				DUE TO (c) <u>six men</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>850X</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Missouri River</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Wellington Lafayette MO</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov 6 1955 5:15 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>Death by Drowning</u>					
22. I hereby certify that I attended the deceased <u>after death</u> , 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5:44</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>W. Martin M.D. Coroner</u>				23b. ADDRESS <u>Odessa Mo</u>		23c. DATE SIGNED <u>11-7-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>11-7-55</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>11-6-55</u>		REGISTRAR'S SIGNATURE <u>Emma Davidson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J.E. Sheppard</u>		ADDRESS <u>Wellington, Mo.</u>			

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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Jr. Blair Shugart

Signed.....
Student Embalmer

Licensed Embalmer No. *4179*

P. O. Address *Wellington, 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.