

FILED SEP 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30085**

BIRTH NO. _____		REG. DIST. NO. 387		PRIMARY REG. DIST. NO. 5208		Registrar's No. 12	
1. PLACE OF DEATH a. COUNTY Carroll				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) Hale Hurricane			c. LENGTH OF STAY (in this place) 10 years	c. CITY (If outside corporate limits, write RURAL and give township) Hale, RFD			0170
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) RFD			
3. NAME OF DECEASED (Type or Print) a. (First) AMOS		b. (Middle) C.		c. (Last) BALLEW		4. DATE OF DEATH (Month) (Day) (Year) Sept. 17th, 1956	
5. SEX M	6. COLOR OR RACE C white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 1, 1900		9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months 8 Days 16
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY livestock		11. BIRTHPLACE (State or foreign country) Hale, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John C. Ballew,		13b. MOTHER'S MAIDEN NAME Mary Engleman,		14. NAME OF HUSBAND OR WIFE Blanche Ballew,			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Blanche Ballew, Hale, Mo.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Circulatory Failure + Cardiac Distention ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) myocardial Occlusion of aortic Regurgitation DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 9-17, 1956 , to 9-17, 1956 , that I last saw the deceased alive on 9-17, 1956 , and that death occurred at 1:25 P m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Norman F. Hansen D.O.				23b. ADDRESS Hale, Missouri		23c. DATE SIGNED 9/18/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/19/1956	24c. NAME OF CEMETERY OR CREMATORY Hale Cemetery		24d. LOCATION (City, town, or county) (State) Hale, Missouri		
DATE REC'D BY LOCAL REG Sept. 19, 1956		REGISTRAR'S SIGNATURE Miss Rex Henderson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clifford W. Austin F.H. Hale, Mo.			

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

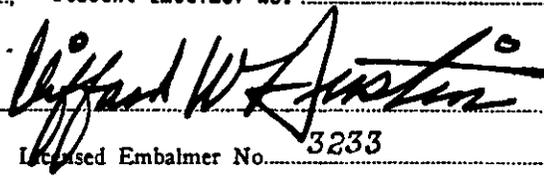
STATEMENT BY LICENSED EMBALMER

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. 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 this body is not embalmed, fact should be so stated above.