

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031758
STATE FILE NUMBER

FILED OCT 6 1958 Registration District No. 38 Primary Registration District No. 5120 Registrar's No. 441

1. PLACE OF DEATH a. COUNTY Boone			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Columbia 0100		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Boone Co. Rest Home		Length of stay in 1b Lifetime	d. STREET ADDRESS (If outside, give location) Boone Co. Rest Home		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last SALLIE LEE BALLEW			4. DATE OF DEATH Month Day Year Sept. 30, 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 9, 1876	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 82 Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Boone County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Barnes		13b. MOTHER'S MAIDEN NAME Theodosia Gordon		14. NAME OF HUSBAND OR WIFE Stephen J. Ballew	
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. None	17. INFORMANT Address Harry P. Ballew, Columbia, Missouri		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>myocarditis</i>					INTERVAL BETWEEN ONSET AND DEATH <i>87mo</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					<i>4222</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>✓</i>		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			<i>✓</i>		
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <i>✓</i>		COUNTY STATE
21. I attended the deceased from <i>Jan 1958</i> to <i>Sept-30-58</i> and last saw her alive on <i>Sept-26-58</i> Death occurred at <i>8:30 A</i> m on the date stated above; and to the best of my knowledge, from the cause stated.					
22a. SIGNATURE <i>F.C. Ruppel M.D.</i> (Degree or title)			22b. ADDRESS <i>Columbia Mo</i>		22c. DATE SIGNED <i>10-1-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>Oct. 1, 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Columbia Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Columbia, Missouri.</i>
24. FUNERAL DIRECTOR <i>Parker Funeral Service, Columbia, Mo.</i> ADDRESS			25. DATE RECD. BY LOCAL REG. <i>Oct 1 1958</i>	26. REGISTRAR'S SIGNATURE <i>Mrs R.E. Palmer</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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
Signature of 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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