

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009915
STATE FILE NUMBER

FILED MAR 24 1959

Registration District No. 155 Primary Registration District No. 5578 Registrar's No. 45

90
300
-57
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1. PLACE OF DEATH a. COUNTY JASPER			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN Twsp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN JOPLIN 04950		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HOPE MANOR CONVAL- ESCENT HOME		Length of stay in 1b 3 1/4 YRS	d. STREET ADDRESS HOPE MANOR- 1402 REX		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MARY Middle VIRGINIA Last BALLEW			4. DATE OF DEATH MARCH 16, 1959 Month 16 Day 1959 Year		
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH APRIL 18, 1890	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (City and state or country) WANILLA, MISSISSIPPI		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME J. B. SMITH		13b. MOTHER'S MAIDEN NAME MARY TERESA SMITH		14. NAME OF HUSBAND OR WIFE MASTON L. BALLEW, SR., DECD 3-8-54	
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 Address M. L. BALLEW, JR., 1020 N. JACKSON		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Paralysis Agitans					INTERVAL BETWEEN ONSET AND DEATH 10 Years
Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last. } DUE TO (b) _____ DUE TO (c) _____					
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"/> 2
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.)		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 COUNTY STATE Joplin, Jasper, Missouri	
21. I attended the deceased from 12-23-55 to 3-16-59 and last saw her alive on 3-10-59 Death occurred 10:30 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE J. S. Kuhn Jr., M.D. (Degree or title)			22b. ADDRESS 321 Frisco Bldg., Joplin, Mo		22c. DATE SIGNED 3-17-59
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 3-17-59	23c. NAME OF CEMETERY OR CREMATORY WANILLA CEMETERY,		23d. LOCATION (City, town, or county) (State) WANILLA, MISSISSIPPI
24. FUNERAL DIRECTOR STEVE PARKER MORTUARY		ADDRESS JOPLIN, MO.	25. DATE RECD. BY LOCAL REG. 3-17-59	26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAR 2 1951

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 *F. M. Jones*

Licensed Embalmer No. *2318*

P. O. Address *J. Spelman, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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