

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-021714
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 93

VS 300
Rev. 4/59

1085
21085

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4 1
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

BY AFFIDAVIT OF

| | | | | | |
|---|--|---|--|---|--|
| FILED MAY 22 1962 | | 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| a. COUNTY Vernon | | b. CITY (If outside corporate limits, give TOWNSHIP only) Nevada | | a. STATE Missouri b. COUNTY Vernon | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 319 South Ash | | Length of stay in lb 62 years | | c. CITY OR TOWN Nevada | |
| 3. NAME OF DECEASED (Type or print) BEULAH LEE BALLAGH | | 4. DATE OF DEATH May 6 1962 | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 5. SEX F | | 6. COLOR OR RACE Wh | | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | |
| 8. DATE OF BIRTH 10-8-1872 | | 9. AGE (last birthday) 89 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | |
| 11. BIRTHPLACE (City and state or country) Center, Missouri | | 12. CITIZEN OF WHAT COUNTRY USA | | 13a. FATHER'S NAME William A. Mason | |
| 13b. MOTHER'S MAIDEN NAME Lula Briggs | | 14. NAME OF HUSBAND OR WIFE W. T. Ballagh, Deceased | | 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 Mrs. L. E. Bradley, Tulsa, Oklahoma | | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | |
| IMMEDIATE CAUSE (a) Myocarditis | | DUE TO (b) Hypertensive Circulatory Disease | | DUE TO (c) Senility. | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) Senility. | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | | INTERVAL BETWEEN ONSET AND DEATH Several Years Prior to my first attendance | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> none <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 5 A p.m. | | 20d. INJURY OCCURRED WHILE AT WORK <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.) Nevada | |
| 20f. CITY, TOWN, OR LOCATION Nevada | | COUNTY Vernon | | STATE Mo | |
| 21. I attended the deceased from Jan 23-1961 to May 6-1962 and last saw her alive on May 5-1962 . | | 22a. SIGNATURE W. Love MD | | 22b. ADDRESS Nevada, Mo. | |
| 22c. DATE SIGNED 5-15-62 | | 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE May 7, 1962 | |
| 23c. NAME OF CEMETERY OR CREMATORY Deepwood Cemetery | | 23d. LOCATION (City, town, or county) Nevada | | (State) Missouri | |
| 24. FUNERAL DIRECTOR Ferry Funeral Home | | ADDRESS Nevada, Missouri | | 25. DATE RECD. BY LOCAL REG. 5-16-1962 | |
| 26. REGISTRAR'S SIGNATURE Arman E. Jerry | | | | | |

MAY 23 1962

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 L. Douglas Perry

Licensed Embalmer No. 4960

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

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