

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-041117

STATE FILE NUMBER

FILED NOV 25 1958

Registration District No. 297

Primary Registration District No. 3057

Registrar's No. 122

1-300 4
1-57

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY RAY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond		c. CITY OR TOWN HARDIN 0896	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Clemens Rest Home		d. STREET ADDRESS (If outside, give location) R.F.O.2	
3. NAME OF DECEASED (Type or print) First JOHN Middle William Last BALLARD Sr.		4. DATE OF DEATH Month Nov. Day 14 Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH DEC. 13, 1868
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	9. AGE (In years last birthday) 89
11. BIRTHPLACE (City and state or country) CARROLL COUNTY, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME JOHN W. BALLARD		13b. MOTHER'S MAIDEN NAME MARGARET RUSSELL	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		14. NAME OF HUSBAND OR WIFE RUBY LEE BALLARD	
16. SOCIAL SECURITY NO. unknown		17. INFORMANT Address MARGUERITE BALLARD - HARDIN, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis			INTERVAL BETWEEN ONSET AND DEATH 6 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying 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"/>
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.) 332X	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m.			
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 _____		COUNTY _____ STATE _____	
21. I attended the deceased from _____ Nov-1-1956 _____ Nov 14-1958 _____ and last saw him alive on 11-14-58.		Death occurred at _____ 2:30 PM _____ m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE E. E. Gray M.D. (Degree or title)		22b. ADDRESS Richmond Mo.	
22c. DATE SIGNED 11-16-58			
23a. BURIAL, CREMATION, or REMOVAL (Specify) Burial		23b. DATE 11-16-58	
23c. NAME OF CEMETERY OR CREMATORY LIBERTY CEM.		23d. LOCATION (City, town, or county) (State) RAY COUNTY Mo.	
24. FUNERAL DIRECTOR Kniess & Co. Bereaving - HARDIN, Mo. ADDRESS _____		25. DATE RECD. BY LOCAL REG. 11-19-1958	
		26. REGISTRAR'S SIGNATURE mauel jackson	

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 ... *August Borcharding*

Licensed Embalmer No. *4678*

P. O. Address *Hardin, 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.