No. 300
10.48

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

FILED APR 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8254

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1236

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (in this place): 22 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 513 PROSPECT AVENUE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
d. STREET ADDRESS (If rural, give location): 513 PROSPECT AVENUE

46 3 0

3. NAME OF DECEASED (Type or Print)
a. (First): Talia
b. (Middle): Ann
c. (Last): BaLL

4. DATE OF DEATH (Month) March (Day) 16 (Year) 49

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: MAR-27-1891
9. AGE (In years last birthday): 57 YEARS
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CLERK-TIMEKEEPER
10b. KIND OF BUSINESS OR INDUSTRY: COMMERCE TRUST CO
11. BIRTHPLACE (State or foreign country): VERSAILLES, MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: JAMES WALDO BALL
13b. MOTHER'S MAIDEN NAME: MARGARET A. HUGHES
14. NAME OF HUSBAND OR WIFE: ----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): -----
16. SOCIAL SECURITY NO.: 499-16-0639
17. INFORMANT'S SIGNATURE OR NAME: J.E. MURRAY
ADDRESS: 5401 WEST 69TH ST OVERLAND PARK KANSAS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary atherosclerosis
DUE TO (c) Hypothyroidism

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
253X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7 Mar, 19 49, *to* 16 Mar, 19 49, *that I last saw the deceased alive on* 16 Mar, 19 49 *and that death occurred at* 1:10 *a.m., from the causes and on the date stated above.*

23a. SIGNATURE Jean B. Willoughby M.D. (Degree or title)
23b. ADDRESS 924 Prof Bldg Kansas City, Mo
23c. DATE SIGNED 16 Mar 49

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: MAR-18-1949
24c. NAME OF CEMETERY OR CREMATORY: GLENSTED CEMETERY
24d. LOCATION (City, town, or county) (State): VERSAILLES MISSOURI

DATE REC'D BY LOCAL REG.: 3-18-49
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE W. Newcomer's Sons
ADDRESS: 1401 BROSH CREEK BLVD KANSAS CITY, MO.

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed D. B. Nofsinger.

Signed .....
Student Embalmer

Licensed Embalmer No. 3938

P. O. Address Kansas City

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.