

FILED MAY 10 1949

STANDARD CERTIFICATE OF DEATH

12923

State File No. ....

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 3032 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Centerview Rural</u>	
c. LENGTH OF STAY (in this place) <u>12 Days</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D Centerview Mo.</u>	
d. FULL NAME OF HOSPITAL OR <u>Warrensburg Hospital &amp; Clinic Inc</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Scott</u> b. (Middle) <u>Ormond</u> c. (Last) <u>Ball</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 27 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 4</u>	8. DATE OF BIRTH <u>July 17 1866</u>
9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>9</u>	IF UNDER 1 YEAR Days <u>10</u>	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Johnson Co. Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			
13a. FATHER'S NAME <u>Isaac T. Ball</u>		13b. MOTHER'S MAIDEN NAME <u>Zua</u>	14. NAME OF HUSBAND OR WIFE <u>Zua Ball</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ralph Ball Centerview Mo.</u>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Arteriosclerosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>?</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>3 3/4 X</u>	
19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>None</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Warrensburg Johnson Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>None</u>	
22. I hereby certify that I attended the deceased from <u>1947</u> , 19 <u>  </u> , to <u>4-26-49</u> , that I last saw the deceased alive on <u>4-26-49</u> , and that death occurred at <u>2: P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>R. F. McKimney M.D.</u>		23b. ADDRESS <u>Warrensburg Mo</u>	23c. DATE SIGNED <u>4-27-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-29-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Centerview Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Centerview Mo.</u>
DATE REC'D BY LOCAL REG. <u>Apr. 27, 1949</u>	REGISTRAR'S SIGNATURE <u>Saravanki Pruthi</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sweeney Phillips Warrensburg Mo.</u>	

MAY 4 1949

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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 \_\_\_\_\_

*J. Earl Puest*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3878

P. O. Address Warrensburg, 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 this body is not embalmed, fact should be so stated above.