No. 300
10.48

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

FILED MAY 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13189

BIRTH NO. _____ REG. DIST. NO. 234 PRIMARY REG. DIST. NO. 5815 Registrar's No. 12

1. PLACE OF DEATH
a. COUNTY: Morgan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Hawcreek Tw'n.
c. LENGTH OF STAY (in this place): 15 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1½ Miles N.W. Versailles

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Morgan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Hawcreek Tw'n.
d. STREET ADDRESS (If rural, give location): 1½ Miles N. W. Versailles

3. NAME OF DECEASED (Type or Print)
a. (First): Vera
b. (Middle): Ferguson
c. (Last): Ball

4. DATE OF DEATH (Month) (Day) (Year): May 4 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 4, 1906
9. AGE (In years last birthday): 42 — IF UNDER 1 YEAR: Months 6, Days 0 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Windsor, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: D. V. Ferguson
13b. MOTHER'S MAIDEN NAME: Bessie Walkup
14. NAME OF HUSBAND OR WIFE: Benton Ball

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Benton Ball — ADDRESS: Versailles, Mo.

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) Cerebral hemorrhage — 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) hypertension
DUE TO (c)

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

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19a. DATE OF OPERATION: None
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* May 4, 1949, *to* May 4, 1949, *that I last saw the deceased alive on* May 4, 1949, *and that death occurred at* 3-30 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A J Hurn MD
23b. ADDRESS: Versailles Mo
23c. DATE SIGNED: 5-4-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6 May 49
24c. NAME OF CEMETERY OR CREMATORY: Versailles
24d. LOCATION (City, town, or county) (State): Versailles, Missouri

DATE REC'D BY LOCAL REG.: May 5th 1949
REGISTRAR'S SIGNATURE: Mrs L. Ripperger
25. FUNERAL DIRECTOR'S SIGNATURE: W. F. Gabriel — ADDRESS: Versailles, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 4-49-535
Date Filed 5-9-49

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 .....
Student Embalmer

Signed Raymond C. Fowler
Licensed Embalmer No. 4626
P. O. Address Versailles, 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.