

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26008

FILED SEP 9 1949

BIRTH NO. _____		REG. DIST. NO. 10		PRIMARY REG. DIST. NO. 3002		Registrar's No. 154	
1. PLACE OF DEATH a. COUNTY Audrain				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY audrain			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico		c. LENGTH OF STAY (in this place) 57		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico			
d. FULL NAME OF HOSPITAL OR INSTITUTION Home-615 E Railroad				d. STREET ADDRESS (If rural, give location) 615 E. Railroad St			
3. NAME OF DECEASED (Type or Print) a. (First) Florietta		b. (Middle) McNamey		c. (Last) Ball		4. DATE OF DEATH (Month) (Day) (Year) Aug-29-49	
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 6-13-92	
9. AGE (In years if under 1 year last birthday) 57		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) Mexico	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Thomas McNamey		13b. MOTHER'S MAIDEN NAME Mary Dawson		14. NAME OF HUSBAND John Mc Ball	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME John T Ball 615 E. Railroad St			
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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Chronic myocarditis - Hypertension 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. 19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES ☐ NO ☒				INTERVAL BETWEEN ONSET AND DEATH 42220			
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) _____		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 1-13-1944 to 8-25-1949, that I last saw the deceased alive on 8-29-1949, and that death occurred at 5 A.M., from the causes and on the date stated above.				23a. SIGNATURE J. E. Keelip (Degree or title)		23b. ADDRESS _____	
23c. DATE SIGNED 8/30/49		24a. BURIAL, CREMA TION, REMOVAL (Specify) Burial		24b. DATE 8-31-49		24c. NAME OF CEMETERY OR CREMATORY Elmwood	
24d. LOCATION (City, town, or county) (State) Mexico Audrain Mo		25. FUNERAL DIRECTOR'S SIGNATURE Jackson		ADDRESS Jackson Home			
DATE REC'D BY LOCAL REG. Aug-30-1949		REGISTRAR'S SIGNATURE Blanche Keelip		(Licensed Embalmer's Statement on Reverse Side) 409 S. Walnut St			

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

SEP 6 1949

RECEIVED

District Health Officer No. 10

District File Number 9-49-15-5

Date Filed SEP 6 1949

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed

Licensed Embalmer No. 2900

P. O. Address Columbia, 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.