

FILED NOV 4 1949 STANDARD CERTIFICATE OF DEATH

120 W 504
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

| | | | | | | | | | |
|--|--|--|---|---|----------------------|---|-----------------------|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>274</u> | | PRIMARY REG. DIST. NO. <u>3052</u> | | Registrar's No. <u>352</u> | | | |
| 1. PLACE OF DEATH a. COUNTY <u>PETTIS</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>PETTIS</u> | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SEDALIA</u> | | c. LENGTH OF STAY (in this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SEDALIA</u> | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1428 SO. PARK</u> | | | | d. STREET ADDRESS (If rural, give location) <u>1428 SO PARK</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) <u>WILLIAM</u> | | | a. (First) _____ | | b. (Middle) <u>H</u> | | c. (Last) <u>BALL</u> | | |
| 4. DATE OF DEATH | | (Month) <u>Oct.</u> | | (Day) <u>21</u> | | (Year) <u>1949</u> | | | |
| 5. SEX <u>M</u> | | 6. COLOR OR RACE <u>W</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>Nov. 22, 1885</u> | | | |
| 9. AGE (In years last birthday) <u>64</u> | | IF UNDER 1 YEAR Months _____ | | IF UNDER 1 YEAR Days _____ | | IF UNDER 1 HRS. Hours _____ Min. _____ | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carman</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>M.K.T. RR Co</u> | | | 11. BIRTHPLACE (State or foreign country) <u>Pettis Co., Missouri</u> | | | |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | | | | | | | |
| 13a. FATHER'S NAME <u>George W. Ball</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Mary Ellen Houseman</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Mrs. Alta 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>702-10-0823</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Alta Ball</u> ADDRESS <u>1428 So. Park Sedalia, 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | <p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Carcinoma sigmoid.</u> <u>with obstruction</u></p> <p>ANTECEDENT CAUSES _____</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. _____</p> <p>DUE TO (b) _____</p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS _____</p> <p>Conditions contributing to the death but not related to the disease or condition causing death. _____</p> | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>153X</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | | | | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? _____ | | | | | |
| 22. I hereby certify that I attended the deceased from <u>Oct 10</u> , 1949, to <u>Oct 21</u> , 1949, that I last saw the deceased alive on <u>10-21</u> , 1949, and that death occurred at <u>9:40A</u> m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE <u>W. Boyer M.D.</u> (Degree or title) | | | | 23b. ADDRESS <u>Sedalia Mo.</u> | | 23c. DATE SIGNED <u>10-21-49</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Oct. 24, 1949</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Sedalia, Mo.</u> | | | |
| DATE REC'D BY LOCAL REG. <u>10/24/49</u> | | REGISTRAR'S SIGNATURE <u>Betty Yeager Deputy</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Hart</u> ADDRESS <u>Sedalia Mo</u> | | | | | |

RECEIVED OCT 31
District Health Officer No. 2,
District File Number _____
Date Filed 11-3-49

APR 14 1950

MAR 15 1950

NOV 4 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Frank S Coffman Jr

Licensed Embalmer No. 45159

P. O. Address Sedalia, 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.