

FILED MAR 22 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9417  
State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 5604 Registrar's No. 25

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 town) <u>RURAL JACKSON</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL JACKSON TWP. 0</u>	
c. LENGTH OF STAY (In this place) <u>73YR</u>		d. STREET ADDRESS (If rural, give location) <u>ROUTE 3 HOLDEN MO 658</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>ROUTE 3 HOLDEN MO</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLAUDE</u> b. (Middle) <u>EDWARD</u> c. (Last) <u>BALLARD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 12 1950</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>MARCH 6 1877</u>
9. AGE (In years last birthday) <u>73</u>		10. MONTHS <u>0</u>	11. DAYS <u>6</u>
10a. USUAL OCCUPATION (If live kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ON FARM</u>	
11. BIRTHPLACE (State or foreign country) <u>NEW FLORENCE MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>WILLIAM BALLARD</u>		13b. MOTHER'S MAIDEN NAME <u>RACHEL PARREL</u>	
14. NAME OF HUSBAND OR WIFE <u>NONE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>GEO R BALLARD</u>		ADDRESS <u>KINGVILLE 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>Congestive Heart Failure</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 wks</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Rheumatic Heart Disease</u> <u>60 yrs</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Relatives injured hernia</u> <u>1 1/2 yrs</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 3</u> , 1949, to <u>March 12</u> , 1950, that I last saw the deceased alive on <u>March 7</u> , 1950, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title)		23b. ADDRESS <u>Waverley Mrs</u>	
23c. DATE SIGNED <u>3-13-50</u>			
24a. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1950 MARCH 16</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>ELM SPRINGS</u>		24d. LOCATION (City, town, or county) (State) <u>ELM MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>3-14-1950</u>		REGISTRAR'S SIGNATURE <u>Mrs H V Redford</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Holden Mo</u>	

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

0510

MAR 23 1959

**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 *W. L. Quaday* .....

Licensed Embalmer No. *3434* .....

P. O. Address *Halden, Ont.* .....

**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.