

FILED APR 21 1950

## STANDARD CERTIFICATE OF DEATH

State File No. **11893**

BIRTH NO. _____		REG. DIST. NO. <b>32</b>		PRIMARY REG. DIST. NO. <b>4042</b> Registrar's No. <b>40</b>	
1. PLACE OF DEATH a. COUNTY <b>BOLLINGER</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>BOLLINGER</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>LUTESVILLE</b>		c. LENGTH OF STAY (in this place) <b>3 YRS.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>LUTESVILLE 0090</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>No STREET ADDRESS</b>			d. STREET ADDRESS (If rural, give location) <b>NONE</b>		
3. NAME OF DECEASED a. (First) <b>JOSEPH</b> (Type or Print)			b. (Middle) <b>H.</b>		c. (Last) <b>BALL</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>April 13, 1950</b>					
5. SEX <b>M. O</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>SEPT. 21, 1865</b>	9. AGE (In years last birthday) <b>84</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED MINISTER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>—</b>		11. BIRTHPLACE (State or foreign country) <b>Rolla, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>W. C. Ball</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah M. Ball</b>		14. NAME OF HUSBAND OR WIFE <b>JANIE BALL</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>JANIE BALL</b>	
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia</b> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <b>Pneumonia</b> DUE TO (c) <b>Pneumonia</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death that are related to the disease or condition causing death. <b>Hypertension</b>			INTERVAL BETWEEN ONSET AND DEATH <b>—</b>
19a. DATE OF OPERATION <b>—</b>		19b. MAJOR FINDINGS OF OPERATION <b>009</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Lutesville, Bollinger, Mo.</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>April 7, 1950 9 a.m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Fell against bed</b>	
22. I hereby certify that I attended the deceased from <b>Apr 10, 1950</b> to <b>Apr 13, 1950</b> , that I last saw the deceased alive on <b>Apr 13, 1950</b> , and that death occurred at <b>11:00 a.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>W. D. Pumper</b>		23b. ADDRESS <b>Lutesville, Mo.</b>		23c. DATE SIGNED <b>4/14/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>4-15-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>BAKER CEM.</b>	
24d. LOCATION (City, town, or county) (State) <b>Lutesville, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>BAKER FUNERAL HOME, LUTESVILLE, MO.</b>			
DATE REC'D BY LOCAL REG. <b>April 14, 1950</b>		REGISTRAR'S SIGNATURE <b>Willie H. Van Amburgh</b>			

(Licensed Emballer's Statement on Reverse Side)

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

APR 21 1950

RECEIVED

APR 18 1950

DISTRICT HEALTH OFFICE No. 4

File No. 450-579

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

*J. E. Graham*

Licensed Embalmer No. 4010

P. O. Address *Louisville, Ky*

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.