

FILED MAY 15 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11957

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 563

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Buchanan</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>   |  |
| c. LENGTH OF STAY (In this place) <u>1 day</u>   |  | d. STREET ADDRESS (If rural, give location) <u>426 Kentucky St.</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>                           |  |  |  |

|   |  |   |   |   |  |
|---|--|---|---|---|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>DELMAR</u> b. (Middle) <u>NATHANIEL</u> c. (Last) <u>BALLARD JR.</u> |  |   | 4. DATE OF DEATH (Month) <u>5</u> (Day) <u>8</u> (Year) <u>1950</u> |   |  |
| 5. SEX <u>Male</u>  |  | 6. COLOR OR RACE <u>White</u>             |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Never Married</u>  |  |
| 8. DATE OF BIRTH <u>10-14-1930</u>  |  | 9. AGE (In years last birthday) <u>19</u> |   | 10. F UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u> |  |

|   |  |   |  |   |  |   |  |
|---|--|---|--|---|--|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u> |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> |  | 11. BIRTHPLACE (State or foreign country) <u>St. Joseph, Missouri</u> |  | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |  |
|---|--|---|--|---|--|---|--|

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| 13a. FATHER'S NAME <u>Delmar Ballard</u> |  | 13b. MOTHER'S MAIDEN NAME <u>LILLIAN WALKER</u> |  | 14. NAME OF HUSBAND OR WIFE <u>None</u> |  |
|--|--|---|--|---|--|

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|--|--|---|--|---|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give year or dates of service) <u>no war</u> |  | 16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/> |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Delmar Ballard</u> ADDRESS <u>226 Kentucky St.</u> |  |
|--|--|---|--|---|--|

|   |  |   |  |  |  |                                  |  |
|---|--|---|--|--|--|----------------------------------|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i> |  | MEDICAL CERTIFICATION   |  |  |  | INTERVAL BETWEEN ONSET AND DEATH |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>1. 90% body -2nd &amp; 3rd degree Burn</u>  |  | <u>2. Compound fracture right tibia &amp; fibula</u>          |  |  |  | <u>fibula</u>                    |  |
| ANTECEDENT CAUSES<br><i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>  |  | DUE TO (b) <u>Laceration right foot: Fracture left femur;</u> |  |  |  | <u>68 1/2</u>                    |  |
| II. OTHER SIGNIFICANT CONDITIONS related to the disease or condition causing death. <u>kidney- urine heavy with blood.</u>  |  | DUE TO (c) <u>3. Internal injuries- probable ruptured</u>     |  |  |  | <u>20 1/2</u>                    |  |
|   |  | <u>4. Shock</u>   |  |  |  | <u>#</u>                         |  |

|                        |  |                                  |  |  |  |  |  |
|------------------------|--|----------------------------------|--|--|--|--|--|
| 19a. DATE OF OPERATION |  | 19b. MAJOR FINDINGS OF OPERATION |  |  |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
|------------------------|--|----------------------------------|--|--|--|--|--|

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| 21a. ACCIDENT (Specify) <u>Accident</u>                                  |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Lake Rd. Route 6</u>  |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Joseph, Buchanan, Mo.</u> |  |
| 21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>5/7/50 11:30 P.M.</u> |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR? <u>Car accident</u>                                   |  |

22. I hereby certify that I attended the deceased from 5/7/50, 1950, to 5/8/50, 1950, that I last saw the deceased alive on 5/8/50, 1950, and that death occurred at 6:00 A. m., from the causes and on the date stated above.

|   |  |   |  |                                |  |
|---|--|---|--|--------------------------------|--|
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u> |  | 23b. ADDRESS <u>1302 Faraon St. St. Joseph, Mo.</u> |  | 23c. DATE SIGNED <u>5/9/50</u> |  |
|---|--|---|--|--------------------------------|--|

|  |  |                          |  |  |  |   |  |
|--|--|--------------------------|--|--|--|---|--|
| 24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u> |  | 24b. DATE <u>5-10-50</u> |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Auburn</u> |  | 24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u> |  |
|--|--|--------------------------|--|--|--|---|--|

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| DATE REC'D BY LOCAL REG. <u>May 12, 1950</u> |  | REGISTRAR'S SIGNATURE <u>[Signature]</u> |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>St. Joseph, Mo.</u> |  |
|--|--|--|--|--|--|

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

0117

DEC 4 1930

**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 \_\_\_\_\_

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.