

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26038

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 9211

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Mo</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	c. LENGTH OF STAY (in this place) <u>life</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	d. STREET ADDRESS (If rural, give location) <u>421 Abermarle</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Meth. Hospital</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Diana</u>	b. (Middle) <u>Lynn</u>	c. (Last) <u>Ball</u>	(Month) <u>8</u>	(Day) <u>30</u>	(Year) <u>1950</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>5/11/49</u>	9. AGE (In years last birthday) <u>1</u>	# UNDER 1 YEAR Days <u>2</u>	# UNDER 1 HR. Hours <u>30</u>	# UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (If the kind of work done during most of working life, even if retired) <u>infant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>St. Joseph Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Harley J. Ball</u>	13b. MOTHER'S MAIDEN NAME <u>Melba Willis</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) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Melba Ball</u>	ADDRESS <u>421 Abermarle</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pertussis Infection</u>			<u>7 days</u>
ANTECEDENT CAUSES	DUE TO (b) <u>Interstitial Pneumonia</u>		<u>5 days</u>
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) <u>Encephalitis</u>		<u>10.561</u>
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death. <u>Encephalitis</u>		<u>Urn</u>

19a. DATE OF OPERATION <u>XXXX</u>	19b. MAJOR FINDINGS OF OPERATION <u>XXXXX</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>XXXX</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>XXXX</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>XXXX</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>XXXX</u>	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>XXXX</u>
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22. I hereby certify that I attended the deceased from Aug 8, 1950, to Aug 10, 1950, that I last saw the deceased alive on Aug 10, 1950, and that death occurred at 10:25 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Owenus Craig M.D.</u>	23b. ADDRESS <u>The Tootle Building St. Joseph, Missouri</u>	23c. DATE SIGNED <u>8-11-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8/12/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Aug 15, 1950</u>	REGISTRAR'S SIGNATURE <u>G. B. Jenkins</u>	382	25. FUNERAL DIRECTOR'S SIGNATURE <u>John Rupp</u>	ADDRESS <u>6054 Pryor Ave</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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.

Signed.....

John E. Rupp
.....
Licensed Embalmer No. *3986*
.....

Signed.....
Student Embalmer

P. O. Address *St. Joseph, Mo.*
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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.