

FILED AUG 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26039

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 912

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Gentry</b>	
b. CITY OR TOWN <b>St. Joseph</b>	c. LENGTH OF STAY (in this place) <b>18 days</b>	c. CITY OR TOWN <b>Stanberry</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Anna</b> b. (Middle) c. (Last) <b>Ballard</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>August 11, 1950</b>		
--	--	--	---	--	--

5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>April 20, 1878</b>		9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months <b>3</b>	IF UNDER 1 YEAR Days <b>21</b>	IF UNDER 1 YEAR Hours <b>1</b>	IF UNDER 1 YEAR Min. <b>1</b>
-------------------------	----------------------------------	--	---	--	--	---------------------------------------	--------------------------------------	--------------------------------------	-------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>		11. BIRTHPLACE (State or foreign country) <b>Gentry County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
---	--	---	--	---	--	--	--

13a. FATHER'S NAME <b>John Dale Riley</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah A. Yount</b>		14. NAME OF HUSBAND OR WIFE <b>William P. Ballard</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>William Ballard, Stanberry, Missouri</b>		ADDRESS <b>Missouri</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Intestinal Obstruction</b>				INTERVAL BETWEEN ONSET AND DEATH <b>3 wks</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Ruptured appendicitis</b>				<b>6 wks</b>	
		DUE TO (c) <b>Abscess of Peritonium</b>				<b>5501</b>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <b>Serious Coronary Heart Disease, Bronchopneumonia</b>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Abscess of Peritonium, appendicitis, Intestinal Obstruction</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
------------------------	--	--	--	--	--	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</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>Stanberry Missouri</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <b>Aug 10 1950 2:23 AM</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>fall</b>	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on **Aug 10**, 19**50** and that death occurred at **2:23 AM**, from the causes and on the date stated above.

23a. SIGNATURE <b>A. G. Thompson M.D.</b> (Degree or title)		23b. ADDRESS <b>902 Edmund St. Stanberry, Mo.</b>		23c. DATE SIGNED <b>8/11/50</b>	
--	--	--	--	------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>8/11/1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Joseph, Missouri</b>		24d. LOCATION (City, town, or county) (State) <b>Stanberry Missouri</b>	
---	-------------------------------	---	--	--	--

DATE REC'D BY LOCAL REG. <b>Aug. 12, 1950</b>		REGISTRAR'S SIGNATURE <b>E. G. Jenkins</b> 382		F. FUNERAL DIRECTOR'S SIGNATURE <b>Walter Bauman</b>		ADDRESS <b>St. Joseph, Mo.</b>	
--	--	---	--	---	--	-----------------------------------	--

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed..... *W E Johnston*.....

Signed.....  
Student Embalmer

Licensed Embalmer No. *H 791*.....

P. O. Address *319 So 10th St, Memphis*.....

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. ....