

FILED AUG 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27653
Registrar's No. 19 0732

BIRTH NO. _____ REG. DIST. NO. 248 PRIMARY REG. DIST. NO. 5841

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Buffalo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Buffalo Twp</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 mi. SE of Seneca, Mo</u>		d. STREET ADDRESS (If rural, give location) <u>6 miles SE of Seneca, Mo</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Isaias</u> b. (Middle) _____ c. (Last) <u>Ball</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 14, 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>June 3, 1876</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	9. AGE (In years last birthday) <u>74</u> if under 1 year: Months _____ Days _____ if under 12 hrs: Hours _____ Min. _____
11. BIRTHPLACE (State or foreign country) <u>Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Ball</u>		13b. MOTHER'S MAIDEN NAME <u>Crissie Durham</u>	
14. NAME OF HUSBAND OR WIFE <u>Bessie Ball</u>		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. _____		17. INFORMANT'S SIGNATURE, OR NAME <u>Sherman Ball</u>	
17. ADDRESS <u>Seneca, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTEL BETWEEN ONSET AND DEATH <u>2 yrs</u> <u>4222</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) (Min.)		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>March, 1948</u> , to <u>July 31, 1950</u> , that I last saw the deceased alive on <u>July 31, 1950</u> and that death occurred at <u>4:30 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Tom B. Roberts, M.D.</u>		23b. ADDRESS <u>Seneca Mo.</u>	
23c. DATE SIGNED <u>8/15/50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE <u>8-16-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Seneca Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Seneca, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W.E. Hedley</u>	
DATE REC'D BY, LOCAL REG. <u>8-15-50</u>		REGISTRAR'S SIGNATURE <u>Phyllis Brite 417</u>	
25. ADDRESS <u>Seneca Mo</u>			

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

RECEIVED

District Health Officer No. NEWTON COUNTY HEALTH DEPT.

District File Number 850-174

Date Filed AUG 21 1950

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 E Beddome

Licensed Embalmer No. 2174

P. O. Address Seneca 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.