

FILED MAR 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43976

BIRTH NO.		REG. DIST. NO. 369		PRIMARY REG. DIST. NO. 4538		Registrar's No. 4	
1. PLACE OF DEATH a. COUNTY Wayne b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Piedmont c. LENGTH OF STAY (in this place) one yr. d. FULL NAME OF HOSPITAL OR INSTITUTION none				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Wayne c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Piedmont d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) DELBERT		a. (First) McKINLEY		b. (Middle) BALLARD		c. (Last)	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single		8. DATE OF BIRTH Nov. 1, 1897	
9. AGE (in years last birthday) 52		10. UNDER 1 YEAR Months 10		11. UNDER 1 HRS. Days 9		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		10b. KIND OF BUSINESS OR INDUSTRY Labor		11. BIRTHPLACE (State or foreign country) Carter County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Ballard		13b. MOTHER'S MAIDEN NAME Alsie Grissom		14. NAME OF HUSBAND OR WIFE single			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no.		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS George Ballard Piedmont, Mo.			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Valvular heart lesion ANTECEDENT CAUSES Morbidity 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.				INTERVAL BETWEEN ONSET AND DEATH Aug 9-50 4214	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☐	
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)	
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from Aug 19, 1950 to Sept 10, 1950, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE E. Jones M.D. (Degree or title)				23b. ADDRESS Piedmont, Missouri		23c. DATE SIGNED Sept. 15	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 12/50		24c. NAME OF CEMETERY OR CREMATORY- Grissom Cemetery		24d. LOCATION (City, town, or county) (State) Near Van Buren, Missouri	
DATE REC'D BY LOCAL REG. Feb. 22, 1951		REGISTRAR'S SIGNATURE Bonnie E. Piles		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Herman W. Rich, Piedmont			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

MAR 5 1951

WAYNE CO. HEALTH CENTER

FILE No. 351-13



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 _____

me

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed _____

Marvin E. Bowler

Licensed Embalmer No. 4426

P. O. Address Piedmont, 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.