

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19181**
Registrar's No. **26**

BIRTH NO. _____ REG. DIST. NO. **347** PRIMARY REG. DIST. NO. **6156**

1. PLACE OF DEATH a. COUNTY Stone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stone	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blue Eye		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blue Eye 1040	
d. FULL NAME OF HOSPITAL OR INSTITUTION STREETS NOT NAMED		d. STREET ADDRESS (If rural, give location) STREETS NOT NAMED	
3. NAME OF DECEASED (Type or Print) a. (First) AMY b. (Middle) HARRIETT c. (Last) BALL			4. DATE OF DEATH (Month) (Day) (Year) April 27, 1951
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 30, 1878
9. AGE (In years last birthday) 73		IF UNDER 1 YEAR Months 2 Days 27	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Glendale, Wisconsin
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Oliver Reese		13b. MOTHER'S MAIDEN NAME Sarah Reese	14. NAME OF HUSBAND OR WIFE Richard E. Ball
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Dora Wilson, Omaha Ark.
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) Spinal Bore and Cancer 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		NOX	
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 <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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5p m., from the causes and on the date stated above.			
23a. SIGNATURE Dr. C. W. Donaldson M.D. (Degree or title)		23b. ADDRESS Green Forest, Arkansas	23c. DATE SIGNED 5/4/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 29, 1951	24c. NAME OF CEMETERY OR CREMATORY Evans Cemetery	24d. LOCATION (City, town, or county) (State) Carroll County, Arkansas
DATE REC'D BY LOCAL REG. April 28, 1951	REGISTRAR'S SIGNATURE Mrs. J. Oliver Reese	317	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS P. R. Nelson - Berryville, Arkansas

(Licensed Embalmer's Statement on Reverse Side)

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

1040
1-1-50

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED MAY 31 1951

Dist. File 231-9231

Date Filed 5-31-51

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, only

Student Embalmer No. _____

working under my personal supervision.

Student _____

Student Embalmer

Signed Plyed R. Winsett

Licensed Embalmer No. 3867 - Missouri

P. O. Address Berryville, Ark

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.