

STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED NOV 30 1951

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4014 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY Atchison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Ohio	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fairfax #000000000		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cincinnati 8349	
d. FULL NAME OF HOSPITAL OR INSTITUTION Fairfax Community Hosptl		d. STREET ADDRESS (If rural, give location) 313 Sycamore	

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM	b. (Middle) WINSLOW	c. (Last) BALLARD	4. DATE OF DEATH (Month) (Day) (Year) Nov 17, 1951
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH April 20, 1867	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) 84 6 27
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) clerk	10b. KIND OF BUSINESS OR INDUSTRY hotel	11. BIRTHPLACE (State or foreign country) Union West, Virginia,	12. CITIZEN OF WHAT COUNTRY? U.S
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13a. FATHER'S NAME Isac Ballard	13b. MOTHER'S MAIDEN NAME Rebecca Arnott	14. NAME OF HUSBAND OR WIFE single
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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) no	16. SOCIAL SECURITY NO. 272-14-5568	17. INFORMANT'S SIGNATURE OR NAME Mrs. Margaret Ballangee Tarkio, Mo.	ADDRESS Tarkio, Mo.
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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) Cerebro-Vascular Accident		INTERVAL BETWEEN ONSET AND DEATH 12 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gen. Arteriosclerosis		
	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 331X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 11-15, 1951, to 11-17, 1951, that I last saw the deceased alive on 11-17, 1951, and that death occurred at 3:00pm., from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title) 0 M.D	23b. ADDRESS Tarkio, Missouri.	23c. DATE SIGNED 11/19/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 11/19/51	24c. NAME OF CEMETERY OR CREMATORY New Liberty Cemetary	24d. LOCATION (City, town, or county) (State) Mound City, Missouri.
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DATE REC'D BY LOCAL REG. Nov 21, 1951	REGISTRAR'S SIGNATURE Marvin H. Scheel	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Davis Funeral Home Tarkio, Mo.
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed _____

John M. Davis
Licensed Embalmer No. *2394*

P. O. Address _____

Turkey, 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.