

STANDARD CERTIFICATE OF DEATH

State File No. 7232

BIRTH NO. 115 MAR 17 1952 REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give township) OR Mexico		c. CITY (If outside corporate limits, write RURAL and give township) OR Mexico	
d. FULL NAME OF HOSPITAL OR INSTITUTION 818 W. Liberty		d. STREET ADDRESS (If rural, give location) 818 W. Liberty	
3. NAME OF DECEASED (Type or Print) a. (First) LUNA		b. (Middle) LEE	
c. (Last) BALL		4. DATE OF DEATH (Month) (Day) (Year) March 7, 1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH April 13, 1889
9. AGE (In years last birthday) 62	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	11. BIRTHPLACE (State or foreign country) Monroe City, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Xenophon P. Ball		13b. MOTHER'S MAIDEN NAME Cuma J. Martin	
14. NAME OF HUSBAND OR WIFE			
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 Leb Ball		ADDRESS Mexico, 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) apoplexy ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio sclerosis DUE TO (c) 334 X II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. severe gastritis	
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)		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 Feb 1952 , to Mar 7, 1952 , that I last saw the deceased alive on 3-6, 1952 , and that death occurred at 8:30 m., from the causes and on the date stated above.			
23a. SIGNATURE A. S. Williams M.D.		23b. ADDRESS Mexico, Mo.	
23c. DATE SIGNED 3-7-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 9, 52	
24c. NAME OF CEMETERY OR CREMATORY Elmwood		24d. LOCATION (City, town, or county) (State) Mexico, Mo.	
DATE REC'D BY LOCAL REG. Mar-9-1952		REGISTRAR'S SIGNATURE Blanche Neely	
25. FUNERAL DIRECTOR'S SIGNATURE T. E. Puck		ADDRESS Mexico, Mo.	

(Licensed Embalmers' 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Ralph L. Hueston

Licensed Embalmer No. 4687

P. O. Address Mexico, 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.