

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**7763**

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 23 PRIMARY REG. DIST. NO. 5291 Registrar's No. 35

|   |  |   |  |
|---|--|---|--|
| <b>1. PLACE OF DEATH</b><br>a. COUNTY <u>Clay</u>   |  | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Liberty</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Liberty 0245</u>  |  |
| c. LENGTH OF STAY (in this place)   |  | d. STREET ADDRESS (If rural, give location) <u>5 Mi. N. Liberty, Mo.</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clay County Farm</u>                                   |  |   |  |

|   |   |   |  |  |  |
|---|---|---|--|--|--|
| <b>3. NAME OF DECEASED</b><br>(Type or Print)<br>a. (First) <u>Oakley</u> b. (Middle) <u>Gabbert</u> c. (Last) <u>Ballard</u> |   |   | <b>4. DATE OF DEATH</b> (Month) (Day) (Year)<br><u>April 8, 1952</u> |  |  |
| <b>5. SEX</b><br><u>male</u>  | <b>6. COLOR OR RACE</b><br><u>white</u> | <b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify)<br><u>widowed</u> | <b>8. DATE OF BIRTH</b><br><u>July 9, 1873</u>                       | <b>9. AGE</b> (In years) (Months) (Days)<br><u>78 8 29</u> | <b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)<br><u>Retired farmer</u> |
| <b>10a. USUAL OCCUPATION</b>  |   | <b>10b. KIND OF BUSINESS OR INDUSTRY</b><br><u>Farming</u>                      | <b>11. BIRTHPLACE</b> (State or foreign country)<br><u>Missouri</u>  |  | <b>12. CITIZEN OF WHAT COUNTRY?</b><br><u>USA</u>  |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| <b>13a. FATHER'S NAME</b><br><u>William H. Ballard</u>  |  | <b>13b. MOTHER'S MAIDEN NAME</b><br><u>Mary A. Gabbert</u> |  | <b>14. NAME OF HUSBAND OR WIFE</b><br><u>Genevieve Maxwell</u>                             |  |
| <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or date of service)<br><u>no</u> |  | <b>16. SOCIAL SECURITY NO.</b><br><u>none</u>              |  | <b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS<br><u>Helen Ballard, Ex. Springs, Mo.</u> |  |

|   |  |  |  |  |   |
|---|--|--|--|--|---|
| <b>18. CAUSE OF DEATH</b><br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*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> |  | <b>MEDICAL CERTIFICATION</b>               |  |  | <b>INTERVAL BETWEEN ONSET AND DEATH</b> |
| <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Encephalomalacia</u>   |  | DUE TO (b) <u>Atherosclerosis</u>          |  |  |   |
| ANTECEDENT CAUSES<br>As forid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (c) _____   |  | DUE TO (c) <u>myocardial insufficiency</u> |  |  |   |
| <b>II. OTHER SIGNIFICANT CONDITIONS</b><br>Conditions contributing to the death but not related to the disease or condition causing death.  |  |  |  |  |   |

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|---|--|---|--|---|--|
| <b>19a. DATE OF OPERATION</b>                             |  | <b>19b. MAJOR FINDINGS OF OPERATION</b><br><u>332X</u>  |  | <b>20. AUTOPSY?</b><br>YES <input type="checkbox"/> NO <input type="checkbox"/> |  |
| <b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)           |  | <b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)               |  | <b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>                          |  |
| <b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m. |  | <b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | <b>21f. HOW DID INJURY OCCUR?</b>   |  |

**22. I hereby certify that I attended the deceased from \_\_\_\_\_, 1952, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on Apr 2, 1952, and that death occurred at 6:00 p.m., from the causes and on the date stated above.**

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|--|--|---|--|--|--|
| <b>23a. SIGNATURE</b><br><u>Wm. H. Gosselin M.D.</u> (Degree or title) |  | <b>23b. ADDRESS</b><br><u>Liberty, Mo</u> |  | <b>23c. DATE SIGNED</b><br><u>4/10/52</u>                            |  |
| <b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify)<br><u>burial</u>      |  | <b>24b. DATE</b><br><u>4-10-52</u>        |  | <b>24c. NAME OF CEMETERY OR CREMATORY</b><br><u>Weston, Missouri</u> |  |

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| <b>DATE REC'D BY LOCAL REG.</b><br><u>April 10, 1952</u> |  | <b>REGISTRAR'S SIGNATURE</b><br><u>Minnie Haysner</u> |  | <b>FUNERAL DIRECTOR'S SIGNATURE</b><br><u>Paul Richard Exallier Spring Mo.</u> |  |
|--|--|---|--|--|--|

(Licensed Embalmer's Statement on Reverse Side)

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

240  
5

No. 300  
10-48

NOV 1 1987

DEC 5 1987

**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 Linneet K. Jarman

Licensed Embalmer No. 4589

P. O. Address Excelsior Springs, 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.