

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR 8 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 336 PRIMARY REG. DIST. NO. 4494 Registrar's No. 771

1. PLACE OF DEATH a. COUNTY <u>Shannon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Shannon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Winona</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Winona</u>	
c. LENGTH OF STAY (In this place) <u>24 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>1014</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Benjamin</u>		b. (Middle) <u>Lyon</u>		c. (Last) <u>Ball</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 27-1952</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov 25-1873</u>		9. AGE (In years last birthday) <u>78</u> # UNDER 1 YEAR Months <u>4</u> Days <u>2</u> # UNDER 2 HRS. Hours <u>  </u> Min. <u>  </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Milford Ball</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Cooper</u>		14. NAME OF HUSBAND OR WIFE <u>Sarah Jane Ball</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>NONE KNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jennive Brooks Arrol, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 MIN.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>LEFT CARDIAC FAILURE</u>		
	ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: 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 <u>4342</u>		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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 3p m., from the causes and on the date stated above.

23a. SIGNATURE <u>D. J. P. Fernandez (County Coroner)</u>		23b. ADDRESS <u>Emineuse, Mo.</u>		23c. DATE SIGNED <u>4/3/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-30-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Zion</u>	
24d. LOCATION (City, town, or county) (State) <u>Winona, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Duncan Funeral Home Mgn View, Mo</u>			
DATE REC'D BY LOCAL REG. <u>4-7-52</u>		REGISTRAR'S SIGNATURE <u>Walter Ballin</u>		447	

(Licensed Embalmer's Statement on Reverse Side)

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

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**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 Joe P. Duncan

Licensed Embalmer No. 43257

P. O. Address Mt View 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.