

FILED FEB 7 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44444
5678
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Johnson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>3 da.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>De Soto</u>		<u>8150</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Children's Mercy Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>None</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Johnny</u> b. (Middle) <u>Mack</u> c. (Last) <u>Ball</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12 26 52</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u>	8. DATE OF BIRTH <u>5-4-52</u>	9. AGE (In years last birthday) <u>7</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>22</u>	IF UNDER 24 HRS. Hour <u>1</u> Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Child</u>		11. BIRTHPLACE (State or foreign country) <u>New Port, Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Theodore Ball</u>			13b. MOTHER'S MAIDEN NAME <u>Pethel Painter</u>		14. NAME OF HUSBAND OR WIFE <u>Child</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Child</u>		16. SOCIAL SECURITY NO. <u>Child</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Father - Theodore Ball De Soto Kansas</u>			
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) <u>Bilateral Bronchopneumonia, diffuse</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>with accompanying Otitis media, left,</u> DUE TO (c) <u>and acute heart failure</u>				INTERVAL BETWEEN ONSET AND DEATH <u>491X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (m.)		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 <u>12-23</u> , 19 <u>52</u> , to <u>12-26</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>12-26</u> , 19 <u>52</u> and that death occurred at <u>11:35 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H.M. Gilkey</u> (Degree or title) <u>MD</u>			23b. ADDRESS <u>1624 Prof Bldg</u>			23c. DATE SIGNED <u>12/27/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>12-27-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>De Soto Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>De Soto Kansas</u>	
DATE REC'D. BY LOCAL REG. <u>12-27-52</u>			REGISTRAR'S SIGNATURE <u>Sheraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. Paulinus Shawnee Kans.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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nr 4521

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 Edmund Curran.....

Licensed Embalmer No. 4385.....

P. O. Address Lawrence, Kansas.....

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.