

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **718**

JAN 13 1953
 BIRTH NO. **943** REG. DIST. NO. **75** PRIMARY REG. DIST. NO. **3015** Registrar's No. **127**

251
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Clinton			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Clinton		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cameron		c. LENGTH OF STAY (in this place) 13 1/2 Hours	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cameron, Cameron Community		
d. FULL NAME OF HOSPITAL OR INSTITUTION Cameron Community Hosp.			d. STREET ADDRESS (If rural, give location) 0257 Hosp.		
3. NAME OF DECEASED (Type or Print) a. (First) Debra b. (Middle) Jean c. (Last) Ballard			4. DATE OF DEATH (Month) (Day) (Year) January 2, 1953		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH January 1 1953	9. AGE (in years last birthday) 13	IF UNDER 1 YEAR Months 0 Days 30
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Never worked		10b. KIND OF BUSINESS OR INDUSTRY Infant	11. BIRTHPLACE (City and State or Foreign Country) Cameron Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Billie Gene Ballard		13b. MOTHER'S MAIDEN NAME Elizabeth Grove		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 ADDRESS Billie G. Ballard, Independence, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) (approx. 6 mos. fetus) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 776 X			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 Jan 1, 1953 , to Jan 2, 1953 , that I last saw the deceased alive on Jan 1, 1953 and that death occurred at 6 A. m. , from the causes and on the date stated above.					
23a. SIGNATURE Floyd E. Nelson		(Degree or title) D.O.	23b. ADDRESS Gallatin Mo.		23c. DATE SIGNED 1-2-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-3-1953	24c. NAME OF CEMETERY OR CREMATORY Brown Cemetery	24d. LOCATION (City, town, or county) (State) Gallatin, Missouri		
DATE REC'D BY LOCAL REG. 1-5-53	REGISTRAR'S SIGNATURE Winifred W. Mosler	3904	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS L. O. Richerson Hope Funeral Home, Gallatin, Mo.		

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 _____

L. O. Richesson

Licensed Embalmer No. 33020

P. O. Address Galatia, 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.