No. 300
10-48

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

FILED JAN 23 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2280

BIRTH NO. _____ REG. DIST. NO. 228 PRIMARY REG. DIST. NO. 5808 Registrar's No. 1

1. PLACE OF DEATH
a. COUNTY: Montgomery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Liege
c. LENGTH OF STAY (In this place): 20 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Montgomery
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Liege 1700 C
d. STREET ADDRESS (If rural, give location): Home

3. NAME OF DECEASED (Type or Print): a. (First) Hattie b. (Middle) Jane c. (Last) Ball

4. DATE OF DEATH: (Month) Jan (Day) 15 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov 20-1865.

9. AGE (In years last birthday): 87 If under 1 year: Months / Days / If under 1 day: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife Retired

10b. KIND OF BUSINESS OR INDUSTRY: General Duties

11. BIRTHPLACE (State or foreign country): Germantown Ohio.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Joshua Miller

13b. MOTHER'S MAIDEN NAME: Sarah E. Leaser

14. NAME OF HUSBAND OR WIFE: Ned Joseph Ball

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS: Mrs Elizabeth Hudson Bellflower 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): CEREBRAL THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: 6 WEEKS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): General & CEREBRAL — 20 YRS
DUE TO (c): ARTERIO SCLEROSIS

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: 332X

20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* NOV, 1951, *to* 1-15, 1953, *that I last saw the deceased alive on* JAN-14, 1953, *and that death occurred at* 2 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. Van Arsdale M DD

23b. ADDRESS: Montgomery City

23c. DATE SIGNED: 1-16-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan. 18. 1953

24c. NAME OF CEMETERY OR CREMATORY: New Providence

24d. LOCATION (City, town, or county) (State): Bellflower Mo.

DATE REC'D BY LOCAL REG.: 1-21-53

REGISTRAR'S SIGNATURE: Mrs Mary Miller

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Randle Jones Bellflower Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 ....

Mo. .... Student Embalmer No. ....

working under my personal supervision.

Student ....

Student Embalmer

Signed Alvard A Jones Licensed Embalmer No. 2978

P. O. Address Bellflower 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.