

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No.

No. 300

10-48

FILED AUG 4 - 1953

BIRTH NO.

REG. DIST. NO. 141PRIMARY REG. DIST. NO. 5552

Registrar's No.

41

| | | | |
|--|---------------------------|--|-----------------------------------|
| 1. PLACE OF DEATH a. COUNTY HOWELL | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY HOWELL | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KOSHKONONG, Rural | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KOSHKONONG, 0460 | |
| c. LENGTH OF STAY (In this place) 31yrs | | d. STREET ADDRESS (If rural, give location) RT. 2 0 | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION X X X | | | |
| 3. NAME OF DECEASED (Type or Print) MARTHA ELLEN BALL | | 4. DATE OF DEATH (Month) (Day) (Year) 7-20-53 | |
| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M | 8. DATE OF BIRTH 10-3-1903 |
| 9. AGE (In years last birthday) 49 | | 10. MONTHS 8 | 11. DAYS 17 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) homemaker | | 11. BIRTHPLACE (State or foreign country) AVA, MISSOURI | |
| 10b. KIND OF BUSINESS OR INDUSTRY | | 12. CITIZEN OF WHAT COUNTRY? U S A | |
| 13a. FATHER'S NAME JAMES STUART | | 13b. MOTHER'S MAIDEN NAME AMY JENNINGS | |
| 14. NAME OF HUSBAND OR WIFE JOE I. BALL | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) X (If yes, give war or dates of service) X | | 16. SOCIAL SECURITY NO. X | |
| 17. INFORMANT'S SIGNATURE OR NAME JOE I. BALL, KOSHKONONG, MO | | ADDRESS | |
| 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) HYPERTENSIVE CARDIOVASCULAR Ds (b) HYPERTENSION ESSENTIAL ANTECEDENT CAUSES 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. 443X | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 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) (Min.) | | 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 Apr 13, 1953 , to July 20, 1953 , that I last saw the deceased alive on July 1, 1953 , and that death occurred at 1:40 A. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE Jack N. Allen, M.D. | | 23b. ADDRESS West Plains, Mo. | |
| 23c. DATE SIGNED 7-27-53 | | | |
| 24a. BURIAL CREMATION, REMOVAL (Specify) B | | 24b. DATE 7-21-53 | |
| 24c. NAME OF CEMETERY OR CREMATORY UNION HILL | | 24d. LOCATION (City, town, or county) (State) BRANDSVILLE, MO | |
| DATE REC'D BY LOCAL REG. 7-30-53 | | REGISTRAR'S SIGNATURE Beatrice Cook | |
| 25. FUNERAL DIRECTOR'S SIGNATURE ROBERTSONS, WEST PLAINS, MO | | ADDRESS | |

(Licensed Embalmer's Statement on Reverse Side)

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

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

D. D. Roberts

Licensed Embalmer No.

3437

P. O. Address

West Hill

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.