

No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41828**
Registrar's No. **94**

FILED NOV 24 1953

BIRTH NO. _____		REG. DIST. NO. 337		PRIMARY REG. DIST. NO. 4499	
1. PLACE OF DEATH a. COUNTY Shelby			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Shelby		
b. CITY (If outside corporate limits, write RURAL and give township) Shelbina		c. LENGTH OF STAY (In this place) 5 years	c. CITY (If outside corporate limits, write RURAL and give township) Shelbina		d. STREET ADDRESS (If rural, give location)
d. FULL NAME OF HOSPITAL OR INSTITUTION Cascade Rest Home					
3. NAME OF DECEASED (Type or Print) a. (First) Thomas		b. (Middle) J	c. (Last) Ballard	4. DATE OF DEATH (Month) (Day) (Year) Nov 8 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec-8 1862	9. AGE (In years last birthday) 90	10. F UNDER 1 YEAR Months 11 Days 23
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (State or foreign country) Marion County Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John David Ballard		13b. MOTHER'S MAIDEN NAME Mary Pepper		14. NAME OF HUSBAND OR WIFE Fula Buford	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME Elsie Ballard Emden 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				INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis	2. ANTECEDENT CAUSES DUE TO (b) Hypertensive heart disease 5 yrs				
	DUE TO (c) Senility				
3. 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 4201			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 Oct 28, 1953 to Nov 8, 1953 , that I last saw the deceased alive on Nov 7, 1953 and that death occurred at 12:15 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE Joseph H. Tomciak		23b. ADDRESS Shelbina Mo		23c. DATE SIGNED 11/10/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov 10-1953	24c. NAME OF CEMETERY OR CREMATORY Emden Cemetery	24d. LOCATION (City, town, or county) (State) Emden Mo.		
DATE REC'D BY LOCAL REG. 10-16-53	REGISTRAR'S SIGNATURE Ada Garrison		25. FUNERAL DIRECTOR'S SIGNATURE E.P. Thompson		
			ADDRESS Shelbyville Mo		

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

1954 JAN 5

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.....

.....
working under my personal supervision.

Myself

Student Embalmer No.....

Signed.....
E. P. Thompson

Signed.....
Student Embalmer

Licensed Embalmer No. *1632*

P. O. Address *Shelbyville 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.