

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **3877**

BIRTH 10 FEB 16 1954		REG. DIST. NO. 10	PRIMARY REG. DIST. NO. 3001	Registrar's No. 93
1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Audrain		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico DC43		
d. FULL NAME OF HOSPITAL OR INSTITUTION 207 East Bolivar		d. STREET ADDRESS (If rural, give location) 207 East Bolivar		
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Franklin c. (Last) Ball		4. DATE OF DEATH Feb 5, 1954		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec 5, 1891	9. AGE (In years last birthday) 62
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and State or Foreign Country) Madison, Missouri
12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME Samuel Ball		13b. MOTHER'S MAIDEN NAME Elizabeth McNear		14. NAME OF HUSBAND OR WIFE Mrs. W. F. 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. 500-16 8503		17. INFORMANT'S SIGNATURE OR NAME Mrs. W. F. Ball, Mexico, 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) Carcinomatous INTERVAL BETWEEN ONSET AND DEATH 6 MO. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Primary Carcinoma of Stomach DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 1/12/54		19b. MAJOR FINDINGS OF OPERATION Carcinomatous		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) 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 Jan 10, 1954 , to Feb 5, 1954 , that I last saw the deceased alive on Feb 5, 1954 , and that death occurred at 8 A m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) William H. J. J. J.		23b. ADDRESS 112 N. Clark St. Mexico Mo 26/54		23c. DATE SIGNED 2/6/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-7-54		24c. NAME OF CEMETERY OR CREMATORY Eastlawn Mem. Park
24d. LOCATION (City, town, or county) (State) Audrain Co. Missouri				
DATE REC'D BY LOCAL REG. Feb 6-1954		REGISTRAR'S SIGNATURE Blanche Neely		25. FUNERAL DIRECTOR'S SIGNATURE Blanche Neely ADDRESS

(Licensed Embalmers' 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 _____

Licensed Embalmer No. 3569

P. O. Address Mexico

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.