

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **9466**
Registrar's No. **2**FILED **APR 14 1954** BIRTH NO. **228** REG. DIST. NO. **5808** PRIMARY REG. DIST. NO. **5808**

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Montgomery	
b. CITY (If outside corporate limits, write RURAL and give township) Liege		c. CITY (If outside corporate limits, write RURAL and give township) Liege 070g	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) Ned Joseph Ball		4. DATE OF DEATH (Month) (Day) (Year) April 6 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Oct 28 1861
9. AGE (In years last birthday) 92		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	11. BIRTHPLACE (State or foreign country) Lincoln Co Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY General Duties	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John E Ball		13b. MOTHER'S MAIDEN NAME Elizabeth Dyer	
14. NAME OF HUSBAND OR WIFE Hattie Jane Ball Deceased		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 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Degeneration ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic myocarditis DUE TO (c) Chronic parathyroidosis kidneys	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 592 X	
20. AUTOPSY? YES ☐ NO ☐		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21b. (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 Jan 1951, to April 6, 1954, that I last saw the deceased alive on Apr 2, 1954, and that death occurred at m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Wm Van Orsdale DO		23b. ADDRESS Montgomery City	
23c. DATE SIGNED 4-7-54		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE April 8-54		24c. NAME OF CEMETERY OR CREMATORY New Providence	
24d. LOCATION (City, town, or county) (State) Bellflower Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Wm Van Orsdale	
25. FUNERAL DIRECTOR'S SIGNATURE Wm Van Orsdale		25. ADDRESS Bellflower Mo.	
DATE REC'D BY LOCAL REG. 4-10-54		REGISTRAR'S SIGNATURE Mr May Miller	
26. DATE 4-10-54		26. SIGNATURE Wm Van Orsdale	

(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 _____

Mo. _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Clarence 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.