

FILED MAY 11 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **11592**

BIRTH NO. _____

REG. DIST. NO. **93**PRIMARY REG. DIST. NO. **4154**Registrar's No. **54-33**

1. PLACE OF DEATH

a. COUNTY **Dade**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE **Missouri**b. COUNTY **Dade**b. CITY (If outside corporate limits, write RURAL and give township)
OR **Greenfield**c. LENGTH OF
STAY (in this place)
36 yrs.c. CITY (If outside corporate limits, write RURAL and give township)
OR **Greenfield**d. FULL NAME OF
HOSPITAL OR
INSTITUTION **117 Shouse St.**d. STREET
ADDRESS (If rural, give location)
117 Shouse St.3. NAME OF
DECEASED
(Type or Print)

a. (First)

Ava

b. (Middle)

Mae

c. (Last)

Ball4. DATE
OF
DEATH

(Month)

(Day)

(Year)

May**1****1954**

5. SEX

Female

6. COLOR OR RACE

White7. MARRIED, NEVER MARRIED,
WIDOWED, DIVORCED (Specify)**Married**

8. DATE OF BIRTH

Jan. 19, 18779. AGE (In years
last birthday)**77**

IF UNDER 1 YEAR

Months

3

IF UNDER 12 HRS.

Days

12

IF UNDER 60 MIN.

Hours

-

Min.

-10a. USUAL OCCUPATION (Give kind of work
done during most of working life, even if retired)**Housewife**10b. KIND OF BUSINESS OR IN-
DUSTRY**Home**

11. BIRTHPLACE (City and State or Foreign Country)

Dade County, Missouri12. CITIZEN OF WHAT
COUNTRY?**U.S.A.**

13a. FATHER'S NAME

John Dill

13b. MOTHER'S MAIDEN NAME

Rosanna Moore

14. NAME OF HUSBAND OR WIFE

Emmett Ball15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)**No****None**16. SOCIAL SECURITY
NO.**None**

17. INFORMANT'S SIGNATURE OR NAME

Emmett Ball; 117 Shouse St.; Greenfield, 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 dis-
ease, injury, or complica-
tion which caused death.I. DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES

Morbid conditions, if any, giving
rise to the above cause (a) stating
the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.INTERVAL BETWEEN
ONSET AND DEATH19a. DATE OF OPERA-
TION**2/17/1954**

19b. MAJOR FINDINGS OF OPERATION

Cancer of stomach

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT
SUICIDE
HOMICIDE

(Specify)

21b. PLACE OF INJURY (e.g., in or about
home, farm, factory, post, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP)

(COUNTY)

(STATE)

21d. TIME
OF
INJURY

(Month) (Day) (Year) (Hour)

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 1, 1954**, to **May 1, 1954**, that I last saw the deceased
alive on **April 30, 1954**, and that death occurred at **9:00a.m.**, from the causes and on the date stated above.

23a. SIGNATURE

(Degree or title)

23b. ADDRESS

Greenfield, Missouri

23c. DATE SIGNED

5-3-5424a. BURIAL, CREMA-
TION, REMOVAL (Specify)**Burial**

24b. DATE

May 3, 1954

24c. NAME OF CEMETERY OR CREMATORY

Greenfield Cemetery

24d. LOCATION (City, town, or county)

Greenfield, Missouri

(State)

DATE REC'D BY LOCAL
REG.**5-3-54**

REGISTRAR'S SIGNATURE

J.C. Canada

25. FUNERAL DIRECTOR'S SIGNATURE

J.C. Canada Greenfield, 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 _____

J. C. Canada

Licensed Embalmer No. *4196*

P. O. Address *Greenfield, Md*

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.