

FILED MAY 11 1954

STANDARD CERTIFICATE OF DEATH

State File No. 14693

BIRTH NO.		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 6225		Registrar's No. 47			
1. PLACE OF DEATH a. COUNTY <i>Barry</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Barry</i>					
b. CITY (If outside corporate limits, within limits of town) <i>Washington</i>		c. LENGTH OF STAY (In this place) <i>1-9-7</i>		c. CITY <i>Washington</i>		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>State Hospital</i>				e. STREET ADDRESS (If rural, give location) <i>005th</i>					
3. NAME OF DECEASED (Type or Print) a. (First) <i>John</i>			b. (Middle)		c. (Last) <i>Ball</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>May 1-1954</i>		
5. SEX <i>M</i>		6. COLOR OR RACE <i>W</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <i>Feb. 29, 1868</i>		9. AGE (In years) (last birthday) <i>86</i> 1/2 UNDER 1 YEAR YEARS OF UNDER 6 MRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farming</i>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <i>Arkansas</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Wm. Valentine Ball</i>			13b. MOTHER'S MAIDEN NAME <i>Sarah Barrett</i>			14. NAME OF HUSBAND OR WIFE <i>Wm.</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>			16. SOCIAL SECURITY NO. <i>unk</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Hospital Records</i> ADDRESS <i>unk</i>				
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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic Myocarditis (a. Sd.)</i>						INTERVAL BETWEEN ONSET AND DEATH <i>unk</i>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>General Arteriosclerosis</i> - <i>unk</i>							
		DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Psychosis</i> - <i>2 yrs</i>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>4221</i>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (a.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)		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 <i>July 23</i> , 1952, to <i>May 1</i> , 1954, that I last saw the deceased alive on <i>Apr 30</i> , 1954, and that death occurred at <i>2:00</i> p.m., from the causes and on the date stated above.									
23a. SIGNATURE <i>C. D. Shurt</i> (Degree or title)				23b. ADDRESS <i>unk</i>				23c. DATE SIGNED <i>5-1-54</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>May 1, 1954</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Local Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Barry County, Missouri</i>			
DATE REC'D BY LOCAL REG. <i>5-4-1954</i>		REGISTRAR'S SIGNATURE <i>Anna J. Ferry</i>		FUNERAL DIRECTOR'S SIGNATURE <i>Chas. D. Herbst</i>		ADDRESS <i>Cassville, Mo.</i>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10-48

10802

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.....
Signature of Student Embalmer

Signed..... *Paul D. Hubert*

Licensed Embalmer No..... *45*

P. O. Address..... *Cassville,*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.