

No. 309  
10-9-54

FILED OCT 11 1954

STANDARD CERTIFICATE OF DEATH

31322

State File No. ....

0742  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 2088 Registrar's No. 237

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maryville</u>		c. CITY OR TOWN <u>Guilford</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>0740</u>	
3. NAME OF DECEASED a. (First) <u>Charles</u> b. (Middle) _____ c. (Last) <u>Ballard</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9-22-1954</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>11-6-1864</u>
9. AGE (In years last birthday) <u>89</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ret. farmer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Gentry Co., Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>John W. Ballard</u>	
13b. MOTHER'S MAIDEN NAME <u>Margaret O'Connor</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Charles Farnen-Conception</u>		ADDRESS <u>Jct., Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>GENERALIZED ARTERIO SCLEROSIS</u> 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. <u>OSTEOARTHRITIS</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		1500	
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) _____	
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 <u>SEPT 18</u> , 19 <u>54</u> , to <u>SEPT 22</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>SEPT 22</u> , 19 <u>54</u> , and that death occurred at <u>12:00</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Paul J. Kadell</u>		23b. ADDRESS <u>Conception Jct., Mo.</u>	
23c. DATE SIGNED <u>10/2/54</u>		23d. (Degree or title) <u>M.D.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>9-25-1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>St. Columba, Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Conception, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-9-54</u>		REGISTRAR'S SIGNATURE <u>Bess Holt</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>W. M. Chittmann</u>		ADDRESS <u>Maryville</u>	

**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 *G. M. Atkinson*

Licensed Embalmer No. *2279*

P. O. Address *Marshall*

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.