

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34823

State File No.

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 2052 Registrar's No. 377

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY OR TOWN <u>Sedalia</u>		c. CITY OR TOWN <u>Sedalia</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>40yrs.</u>		e. STREET ADDRESS (If rural, give location) <u>1428 South Park</u> <u>080%</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1428 South Park</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALTA</u> b. (Middle) <u>L.</u> c. (Last) <u>BALL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>October 30, 1954</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 12, 1876</u>
9. AGE (In years last birthday) <u>78</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois State</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Albert Beard</u>		13b. MOTHER'S MAIDEN NAME <u>Shepherd</u>	14. NAME OF HUSBAND OR WIFE <u>William H. Ball (dec.)</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 ADDRESS <u>William A. Ball, RR# 1, Sedalia, Mo.</u>
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) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Osteo Arthritis Senae</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	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)		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>about 1940</u> , to <u>Oct 30, 1954</u> , that I last saw the deceased alive on <u>Oct 30, 1954</u> , and that death occurred at <u>10:00 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>A. L. Walter</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Sedalia Mo</u>	23c. DATE SIGNED <u>Nov 1, 1954</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11/1/1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Sedalia, Mo.</u>
DATE REC'D BY LOCAL REG. <u>11-1-54</u>	REGISTRAR'S SIGNATURE <u>L. W. Ewing</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Walter Deebart Sedalia Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

GILLESPIE FUNERAL HOME

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 *Russell C. Masg*.....

Licensed Embalmer No. *480*.....

P. O. Address *Sedalia,*.....

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.