

FILED FEB 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7098

BIRTH NO. _____		REG. DIST. NO. 378		PRIMARY REG. DIST. NO. 4552		Registrar's No. 10	
1. PLACE OF DEATH a. COUNTY Wright 1141				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death.) a. STATE Mo b. COUNTY Wright			
b. CITY OR TOWN Mtn Grove		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Mtn Grove		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) Lake St 1141			
3. NAME OF DECEASED (Type or Print) a. (First) Rebecca		b. (Middle) Ann		c. (Last) Ballard		4. DATE OF DEATH (Month) (Day) (Year) Feb 1, 1955	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Aug 3, 1878	
9. AGE (In years last birthday) 76		10. MONTHS 5		11. DAYS 28		12. IF UNDER 14 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Douglas Co. Mo		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME William Coffman		13b. MOTHER'S MAIDEN NAME Rebecca Hoppen		14. NAME OF HUSBAND OR WIFE Chung Ballard			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 20		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bev Ballard Mtn Grove			
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) Pneumonia Virus type. ANTECEDENT CAUSES Morbidity 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.				INTERNAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 492X				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) m.		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 Jan 31, 1955, to Feb 1, 1955, that I last saw the deceased alive on Feb 1, 1955, and that death occurred at 12:15 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) R. M. Fleming M.D. 6				23b. ADDRESS Mtn Grove Mo.		23c. DATE SIGNED 2-3-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-4-1955		24c. NAME OF CEMETERY OR CREMATORY Hickory Ridge		24d. LOCATION (City, town, or county) (State) Mtn Grove Mo.	
DATE REC'D BY LOCAL REG. 2-4-55		REGISTRAR'S SIGNATURE A. B. Amos 348-2		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Frank W. W. Mtn Grove Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 20 1958

Date Filed

FEB 17 1958

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.....

Frank Grable

Licensed Embalmer No..... 411

P. O. Address *mtm Grable*

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.