

STANDARD CERTIFICATE OF DEATH

11444

State File No.

FILED APR 27 1955

BIRTH NO. REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 3018 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY Dent County 0331		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Dent 0331	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Salem, Missouri	c. LENGTH OF STAY (in this place) 20 years	c. CITY OR TOWN Salem, Mo.	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 East 6th & Hickory		e. STREET ADDRESS (If rural, give location) East 6th & Hickory	

3. NAME OF DECEASED (Type or Print) Faye	a. (First)	b. (Middle)	c. (Last) Ball	4. DATE OF DEATH (Month) (Day) (Year) 4-18-55
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5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Sept. 29, 1915	9. AGE (In years last birthday) 40	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) beauty operator		10b. KIND OF BUSINESS OR INDUSTRY beauty shop operator		11. BIRTHPLACE (City and State or Foreign Country) Dent. county Missouri		12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME Herbert A. Ball	13b. MOTHER'S MAIDEN NAME Vilena Bowers	14. NAME OF HUSBAND OR WIFE -----
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE AND NAME Hazel Ball	ADDRESS Salem, Missouri
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18. CAUSE OF DEATH: Enter 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Self inflicted Gunshot Wound		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Suicide DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E976X			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Coroner Jury decision rendered.	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) SUICIDE HOMICIDE Suicide	21b. PLACE OF INJURY (a. In or about home, farm, factory, street, office bldg., etc.) 6th & Hickory	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Salem Dent Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) April 18 1955, 5:30	21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:30 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Marshall B. Blackwell, Coroner	23b. ADDRESS Salem, Mo.	23c. DATE SIGNED 4/22/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 20, 1955	24c. NAME OF CEMETERY OR CREMATORY Stone Hill Cem.	24d. LOCATION (City, town, or county) (State) Stone Hill Missouri
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DATE REC'D BY LOCAL REG. 4-22-55	REGISTRAR'S SIGNATURE R. E. Mitchell	515-2	25. FUNERAL DIRECTOR'S SIGNATURE (Name) (Address) Salem Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MS
MAY 15 1961

MAR 7 1961

MAR 9 1961

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.....
Carl H. Jensen

Licensed Embalmer No. *237*

P. O. Address *Palmer*

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.