

FILED AUG 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23210

BIRTH NO. _____		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>5985</u>		Registrar's No. <u>110</u>	
1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>North Carolina</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town or township) OR TOWN <u>Fort Leonard Wood</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Salisbury</u>		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) <u>113 C. Ave.</u>			
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Thelma</u>	b. (Middle) <u>Ruth</u>	c. (Last) <u>Ballard</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 4, 1955</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>Nov. 16, 1933</u>	
9. AGE (In years last birthday) <u>21</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 14 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stewardess</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Airlines</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Salisbury, North Carolina</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Carl D. Ballard</u>			13b. MOTHER'S MAIDEN NAME <u>Maude E. Brewer</u>			14. NAME OF HUSBAND OR WIFE <u>never married</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <u>245455145</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. Maude Ballard Salisbury North Carolina</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Skull fracture, crushing injuries as a result of airplane crash</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.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>39</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Ft Wood</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Ft. Wood</u> (COUNTY) <u>Pulaski</u> (STATE) <u>MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug 4 55 12:33</u>		21e. INJURY OCCURRED WHILE AT WORK? <input checked="" type="checkbox"/> NOT WHILE AT WORK? <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Airplane CRASH</u>			
22. I hereby certify that I attended the deceased from <u>on Aug 4, 1955</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>12:33 m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>County Coroner</u>				23b. ADDRESS <u>Richland Missouri</u>		23c. DATE SIGNED <u>8/5/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>8/5/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Summersetts Funeral Home Council St</u>		24d. LOCAL HEALTH DEPARTMENT (City) (State) <u>Salisbury N.C.</u>	
DATE REC'D BY LOCAL REG. <u>8-5-55</u>		REGISTRAR'S SIGNATURE <u>Paul Mae Anderson</u>		25. EMBALMER'S SIGNATURE <u>Paul Mae Anderson</u>		ADDRESS <u>Summersetts Funeral Home Inc Crocker, MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 8-5-55
Pulaski County Health Officer
File Number 8-6-55
Date Filed

1955 OCT 1

OCT 20 1955

AUG 16 1955

MAY 29 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Walter P. Hesper

Licensed Embalmer No. 47

P. O. Address *Heri*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.