

FILED OCT 3-1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30368

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>5928</u>		Registrar's No. <u>258</u>	
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 (If outside corporate limits, write RURAL and give township) <u>Nelson RR #2</u>		c. LENGTH OF STAY (In this place) <u>7 yrs.</u>		c. CITY OR TOWN <u>Nelson</u>		d. Is Residence within limits of a city or incorporated town? <u>Yes</u> ☐ <u>No</u> ☒	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9 miles S of Nelson</u>				e. STREET ADDRESS (If rural, give location) <u>9 miles S of Nelson</u>			
3. NAME OF DECEASED (Type or Print) <u>JOHN ALEXANDER BALLARD</u>				4. DATE OF DEATH (Month) <u>Sept.</u> (Day) <u>27</u> (Year) <u>1955</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 23, 1879</u>	
9. AGE (In years last birthday) <u>76</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Brunston, Mo</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Brunston, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>unknown</u>			
13b. MOTHER'S M maiden name <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Leona Ballard</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>			
16. SOCIAL SECURITY NO. <u>500-20-2349</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Leona Ballard</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, asthma, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cornua Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cornua sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4/201</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? ☐ YES ☒ NO			
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 ☐ NOT WHILE AT WORK ☐ AT WORK ☐		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I <u>viewed</u> the deceased from <u>as before</u> , 10 _____, that I last saw the deceased alive on _____, 19 _____, and that death occurred at <u>7:12 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Chas. Gordon Hennebeck</u>				23b. ADDRESS <u>Cornua, Pettis Co</u>		23c. DATE SIGNED <u>9-28-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burned</u>		24b. DATE <u>Sept 29 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Boonville, Mo</u>	
DATE REC'D BY LOCAL REG. <u>9-28-55</u>		REGISTRAR'S SIGNATURE <u>Leona Ballard</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hayes - Painter</u>		ADDRESS <u>Pilot Grove, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Licensed Embalmer No. 38

P. O. Address Pilot Pro

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.