

FILED DEC 2 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **39379**

BIRTH NO. _____		REG. DIST. NO. 333		PRIMARY REG. DIST. NO. 3074		Registrar's No. 174	
1. PLACE OF DEATH a. COUNTY Scott				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Scott			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Sikeston)		c. LENGTH OF STAY (in this place) 13 Years		c. CITY OR TOWN Sikeston		d. 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 Mo. Delta Community Hospital				STREET ADDRESS (If rural, give location) 102 Maplewood St.			
3. NAME OF DECEASED (Type or Print)		a. (First) Truman		b. (Middle) Frank		c. (Last) Ball	
4. DATE OF DEATH		(Month) 11		(Day) 19		(Year) 1955	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married widowed		8. DATE OF BIRTH 9-13-1864	
9. AGE (In years last birthday) 91		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HR. Hour Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Newspaper		11. BIRTHPLACE (City and State or Foreign Country) Trempealeau, Wisconsin		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Frank Ball		13b. MOTHER'S MAIDEN NAME Ann Phelops		14. NAME OF HUSBAND OR WIFE Georgia Hurff			
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 OR NAME ADDRESS Mrs. R. Louis Martin, Sikeston, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Post operative Vascular				6 days	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES DUE TO (b) Senility					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (c) 5703					
		II. OTHER SIGNIFICANT CONDITIONS Vascular Hypertension				5 years	
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION 6/17/55		19b. MAJOR FINDINGS OF OPERATION Vascular sigmoid				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 11-12, 1955 , to 11-19, 1955 , that I last saw the deceased alive on 11-19, 1955 , and that death occurred at 2:00 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Thoucan R. Mc Cleure MD				23b. ADDRESS Sikeston, Missouri		23c. DATE SIGNED 11-19-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11-21-55		24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK		24d. LOCATION (City, town, or county) (State) SIKESTON MO	
DATE REC'D BY LOCAL REG. 11-25-55		REGISTRAR'S SIGNATURE Miss Ella Hunter		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wesley Funeral Home - Sikeston Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

DATE RECEIVED _____

NOV 28 1955

SCOTT CO. HEALTH DEPT.

CO. FILE No. 1155-256

REC. 8 35

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 Raymond Jewe

Licensed Embalmer No. 346

P. O. Address Sikeston

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.