

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

99

State File No.

BIRTH NO.		REG. DIST. NO. <u>12</u>		PRIMARY REG. DIST. NO. <u>3003</u>		Registrar's No. <u>20</u>	
1. PLACE OF DEATH a. COUNTY <u>Barry</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett</u> c. LENGTH OF STAY (in this place) <u>8 Days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Vincent Hosp.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u> c. CITY OR TOWN <u>Monett</u> d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>Rural 3 Miles S.E. Monett</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>PAULINE</u> b. (Middle) <u>M.</u> c. (Last) <u>BALL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 17, 1956</u>		5. SEX <u>Female</u> 6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>4/23/1896</u>		9. AGE (In years last birthday) <u>59</u> 10. MONTHS <u>8</u> 11. DAYS <u>24</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. BIRTHPLACE (City and State or Foreign Country) <u>Cassville, Missouri</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Cassville, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Varner</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Felker</u>		14. NAME OF HUSBAND OR WIFE <u>William A. Ball (decs)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Varner & Arvel Ball, Crescent City</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial degeneration</u> (b) <u>High blood pressure</u> (c) <u>Heart disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>24 1/2</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4214</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Minute)	
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 <u>10-1-53</u> to <u>1/17/56</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>1/17/56</u> , 19 <u>56</u> , and that death occurred at <u>1:20 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE: <u>Frank R. Ben MD</u>		23b. ADDRESS: <u>Monett Mo</u>		23c. DATE SIGNED: <u>1-18-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/19/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washburn Prairie</u>		24d. LOCATION (City, town, or county) (State) <u>Barry County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-20-56</u>		REGISTRAR'S SIGNATURE <u>Wm. P. D. Cook</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. R. Buchanan, Monett Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 156-15

DATE REC. 1-23-56

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.....
J. D. Buchanan

Licensed Embalmer No. 3174

P. O. Address Monett

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.