

FILED FEB 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 662

BIRTH NO. _____		REG. DIST. NO. <u>71</u>		PRIMARY REG. DIST. NO. <u>3012</u>		Registrar's No. <u>6</u>							
1. PLACE OF DEATH a. COUNTY <u>Clay</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>									
b. CITY (If outside corporate limits, write RURAL and give town) <u>Excelsior Springs</u>		c. LENGTH OF STAY (in this place) <u>47 yrs.</u>		c. CITY OR TOWN <u>Excelsior Springs</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 <u>Ball Clinic</u>				STREET ADDRESS (If rural, give location) <u>919 Dunbar</u> <u>60020</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>SAMUEL</u>			b. (Middle) <u>E.</u>		c. (Last) <u>BALL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 14, 1956</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>April 20, 1870</u>		9. AGE (in years last birthday) <u>85</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>24</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Medical Doctor</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Ball Clinic</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Linn County, MO.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>Arthur J. Ball</u>				13b. MOTHER'S MAIDEN NAME <u>Nancy Marrs</u>				14. NAME OF HUSBAND OR WIFE <u>Dova B. Ball</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>493-32-4167</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dova B. Ball, 919 Dunbar, Ex. Spgs.</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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>								INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Arteriosclerosis</u>								<u>5 years</u>	
				DUE TO (c) <u>Parkinson's Disease</u>								<u>2 years</u>	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>				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) (Min.)				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>January 7, 1956</u> , to <u>January 14, 1956</u> , that I last saw the deceased alive on <u>January 14, 1956</u> , and that death occurred at <u>7:30 P.M.</u> from the causes and on the date stated above.													
23a. SIGNATURE <u>Kurt K. Parrhysius, M.D.</u>						23b. ADDRESS <u>Ball Clinic, Excelsior Spr. MO.</u>			23c. DATE SIGNED <u>1-16-56</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			24b. DATE <u>Jan. 17/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mound City, Cemetery Mound City, Kansas</u>				24d. LOCATION (City, town, or county) (State)				
DATE REC'D BY LOCAL REG. <u>1-19-56</u>		REGISTRAR'S SIGNATURE <u>Barolene Hutchings</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Hope Funeral Home</u>				ADDRESS <u>Ex. Spgs.</u>			



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, ~~clay~~, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *James A. Mole*

Licensed Embalmer No. *32*

P. O. Address *Ex Spg*

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.