

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7855**

FILED MAR 1 1956

BIRTH NO. _____ REG. DIST. NO. **362** PRIMARY REG. DIST. NO. **6237** Registrar's No. **13**

1. PLACE OF DEATH a. COUNTY Warren		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Warren	
b. CITY OR TOWN Wright City		c. CITY OR TOWN Wright City	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) Life		e. STREET ADDRESS (If rural, give location) 1090	
d. FULL NAME OF HOSPITAL OR INSTITUTION Hickory Grove Swop			

3. NAME OF DECEASED (Type or Print)	a. (First) Mary	b. (Middle) E	c. (Last) Ball	4. DATE OF DEATH (Month) (Day) (Year) Feb 20 1956
-------------------------------------	------------------------	----------------------	-----------------------	--

5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec 24 1866	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
----------------------	-------------------------------	---	-------------------------------------	---	-----------------------------	----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Lincoln Co MO.	12. CITIZEN OF WHAT COUNTRY? U.S
--	---	--	---

13a. FATHER'S NAME Mingle Clark	13b. MOTHER'S MAIDEN NAME Heneriette Gadberry	14. NAME OF HUSBAND OR WIFE John Ball
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs Lulu Lockett Wright	ADDRESS City Mo
---	-------------------------------------	--	------------------------

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) Myocardial Infarction	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary Embolism DUE TO (c) None	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 334x	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) (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 **2/18**, 1956, to **2/18**, 1956, that I last saw the deceased alive on **2/18**, 1956, and that death occurred at **11 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title) D.O.	23b. ADDRESS Wright City Mo.	23c. DATE SIGNED 2/23/56
-----------------------------------	-------------------------------	-------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb 25, 1956	24c. NAME OF CEMETERY OR CREMATORY Wesley Chapel Cemetery	24d. LOCATION (City, town, or county) (State) Wright City MO
---	-------------------------------	--	---

DATE REC'D BY LOCAL REG. 2-23-56	REGISTRAR'S SIGNATURE Floyd Logan	25. FUNERAL DIRECTOR'S SIGNATURE Nieburg Furn & Und Co	ADDRESS Wright City Mo.
---	--	---	--------------------------------

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

Student.....
Signature of Student Embalmer

Signed *Julius J. Nieburg*
Licensed Embalmer No. *386*
P. O. Address *Wright*

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.