

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

12887
State File No.

FILED MAY 7 1956		REG. DIST. NO. 120		PRIMARY REG. DIST. NO. 4197		Registrar's No. 47	
1. PLACE OF DEATH a. COUNTY Gentry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Gentry			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stanberry Mo		c. LENGTH OF STAY (in this place) 60 yrs.		c. CITY OR TOWN Stanberry		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION HARMONY HILL RES. HAVEN				e. STREET ADDRESS North Mainthus Ave. 2382			
3. NAME OF DECEASED (Type or Print) a. (First) Mr. William Penn Ballard b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Apr. 26 1956				
5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWER		8. DATE OF BIRTH Apr. 6 1871	
9. AGE (In years last birthday) 85		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 1 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer retired		10b. KIND OF BUSINESS OR INDUSTRY common laborer		11. BIRTHPLACE (City and State or Foreign Country) Marshall, Iowa		12. CITIZEN OF WHAT COUNTRY? U. S. A	
13a. FATHER'S NAME Charles Ballard		13b. MOTHER'S MAIDEN NAME Delilah Gae		14. NAME OF HUSBAND OR WIFE deceased			
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 ADDRESS Mr. Ed Ballard St. Joseph 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) Bronchitis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fractured Hip INTERVAL BETWEEN ONSET AND DEATH 2 hrs 10 days 5 weeks					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		501XF		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) m.		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 March 16, 1956, to April 26, 1956, that I last saw the deceased alive on April 24, 1956, and that death occurred at 7:50 a. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) R. J. Milligan DO				23b. ADDRESS Stanberry Mo		23c. DATE SIGNED 4-28-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 4/29/56		24c. NAME OF CEMETERY OR CREMATORY High Ridge		24d. LOCATION (City, town, or county) (State) Stanberry Gentry Mo.	
DATE REC'D BY LOCAL REG. 5-5-56		REGISTRAR'S SIGNATURE Ada E. Youngster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Victory & Phillips Stanberry Mo			

(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. 189

P. O. Address Stoneham

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F) 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.