

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20348

FILED JUN 18 1956

BIRTH NO. _____		REG. DIST. NO. 141		PRIMARY REG. DIST. NO. 3025		Registrar's No. 4	
1. PLACE OF DEATH a. COUNTY Howell				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howell			
b. CITY (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (in this place) OR TOWN West Plains 9 mos				c. CITY (If outside corporate limits, write RURAL and give township) d. STREET ADDRESS (If rural, give location) OR TOWN "Rural" Siloam Springs Twp. 2 W. Plains, Mo., Siloam Route			
d. FULL NAME OF HOSPITAL OR INSTITUTION Stoll Surgical Hospital							
3. NAME OF DECEASED (Type or Print) a. (First) RILEY		b. (Middle) WAINWRIGHT		c. (Last) BALLARD		4. DATE OF DEATH (Month) (Day) (Year) June 6, 1956	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH unknown	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Junk Dealer		10b. KIND OF BUSINESS OR INDUSTRY retired		11. BIRTHPLACE (State or foreign country) unknown		9. AGE (In years last birthday) 70	
13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE none		12. CITIZEN OF WHAT COUNTRY? <del>USA</del> U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS J. B. Stoll M.D. West Plains, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer Urinary Bladder  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 0 DUE TO (c) 0  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 180X				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION 8-11-55		19b. MAJOR FINDINGS OF OPERATION Large Cancer Base of Bladder				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 8-9-1955, to 6-6-1956, that I last saw the deceased alive on 6-6-1956, and that death occurred at 4:30 P. M., from the causes and on the date stated above.							
23a. SIGNATURE J. B. Stoll M.D. (Degree or title)				23b. ADDRESS West Plains, Mo.		23c. DATE SIGNED 6/12/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Jun. 12, 1956		24c. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery		24d. LOCATION (City, town, or county) (State) West Plains, Missouri	
DATE REC'D BY LOCAL REG. 6-15-56		REGISTRAR'S SIGNATURE Beatrice Cook		25. FUNERAL DIRECTOR'S SIGNATURE Hal Rouben		ADDRESS West Plains, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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



JUN 21 1956

### 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, ~~XXXX~~

..... Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

*Hal Thompson*

Licensed Embalmer No. 3408

P. O. Address West Plains, Mo.

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 this body is not embalmed, fact should be so stated above.