

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29382

State File No. _____

FILED SEP 5 1956

BIRTH NO. _____ REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 541 Registrar's No. 1825

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| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wellston</u> | |
| c. LENGTH OF STAY (in this place) <u>D.O.A.</u> | | d. STREET ADDRESS (If rural, give location) <u>6440 Spencer</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Enroute to County Hospital</u> | | | |

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|---|--|---|--|---|--|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH (Month) (Day) (Year) | | |
| a. (First) <u>EMMETT</u> | | | b. (Middle) <u>D.</u> | | |
| c. (Last) <u>BALLARD</u> | | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u> | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 8. DATE OF BIRTH <u>10-12-1904</u> | |
| 9. AGE (In years last birthday) <u>51</u> | | 10. KIND OF BUSINESS OR INDUSTRY <u>Self</u> | | 11. BIRTHPLACE (State or foreign country) <u>Oklahoma</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Landscaper</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |

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|---|--|--|--|---|--|
| 13a. FATHER'S NAME <u>Green Ballard</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>None</u> | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>Unk</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Lillian Martin, 9834 Lawnview</u> | |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH | | I. Heat stroke, probable. | | | |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | A. Passive congestion of lungs, marked with extensive diffuse intra-alveolar hemorrhage. | | | |
| ANTECEDENT CAUSES | | B. Fatty metamorphosis of liver, marked. | | | |
| Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | C. Arteriosclerosis, generalized, minimal to moderate | | | |
| II. OTHER SIGNIFICANT CONDITIONS | | DUE TO (c) <u>5810</u> | | | |
| Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |

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|------------------------|--|----------------------------------|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
|------------------------|--|----------------------------------|--|--|--|

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|--|--|--|--|---|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Wellston St. Louis Mo.</u> | |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 27 '56 unk.</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>Heat stroke, probable</u> | |
|---|--|---|--|---|--|

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

| | | | | | |
|---|--|---------------------------------------|--|-------------------------------------|--|
| 22a. SIGNATURE <u>Arnold J. Willmann, Coroner</u> | | 23b. ADDRESS <u>Clayton, Missouri</u> | | 23c. DATE SIGNED <u>Aug. 27 '56</u> | |
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|--|--|----------------------------|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL <u>Removal</u> | | 24b. DATE <u>7-31-1956</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Local</u> | |
| | | | | 24d. LOCATION (City, town, or county) (State) <u>Poteau, Oklahoma</u> | |

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|---|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. <u>7-31-56</u> | | REGISTRAR'S SIGNATURE <u>Herbert B. Donleavy</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>McLaughlin F.H., Inc., 2301 Lafayette</u> | |
|---|--|--|--|---|--|

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

300
48

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
Student Embalmer

Signed _____

Licensed Embalmer No. 4530

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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