

FILED DEC 19 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41017**

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 3390 Registrar's No. 8L

1. PLACE OF DEATH a. COUNTY Dent County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dent	
b. CITY (If outside corporate limits, write RURAL and give township) Salem, Mo.		c. LENGTH OF STAY (in this place) 72	c. CITY OR TOWN Salem, MO.
d. FULL NAME OF HOSPITAL OR INSTITUTION Salem, Mo. West Plains Rd.		• STREET ADDRESS (If rural, give location) West Plains Rd. Salem, Mo.	

3. NAME OF DECEASED (Type or Print)	a. (First) Morgan	b. (Middle) Anvil	c. (Last) Ball	4. DATE OF DEATH (Month) (Day) (Year) 12 - 9 - 56
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6-30-1884	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Dent Co. Missouri	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME Daniel Boone Ball	13b. MOTHER'S MAIDEN NAME Cita Spiyy	14. NAME OF HUSBAND OR WIFE Belle Hughes Ball
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) X 487-23-1243	17. INFORMANT'S SIGNATURE OR NAME Belle Hughes Ball ADDRESS West Plains Rd Salem, Mo.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 1 day
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Coronary heart disease		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Hypertensive Cardiosclerosis Disease		unknown

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION no operation 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 12/18, 1955 to 12/9, 1956 that I last saw the deceased alive on 11/19, 1956 and that death occurred at 8:31 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L. H. Hunt, M.D.	23b. ADDRESS Salem, Mo.	23c. DATE SIGNED 12/11/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 11, 1956	24c. NAME OF CEMETERY OR CREMATORY Cedar Grove Cem.	24d. LOCATION (City, town, or county) (State) Salem, Missouri Dent. Co
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DATE REC'D BY LOCAL REG. 12-14-56	REGISTRAR'S SIGNATURE A. E. Ditcher, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE W. J. ... ADDRESS Salem, Mo.
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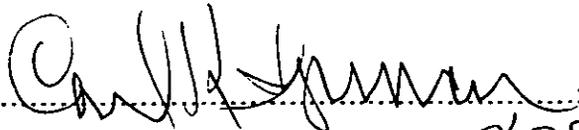
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

300
48

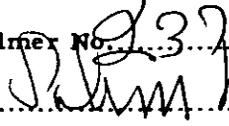
STATEMENT BY LICENSED EMBALMER

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.....
Signature of Student Embalmer

Signed.....


Licensed Embalmer No. 237

P. O. Address.....


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.