

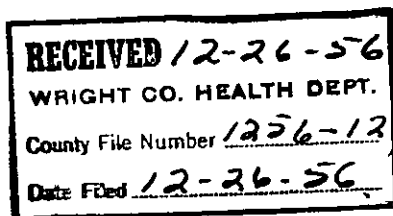
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44607

State File No.

FILED DEC 27 1956

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|---|--|--|--|---|--|---|--|
| BIRTH NO. | | REG. DIST. NO. 378 | | PRIMARY REG. DIST. NO. 4552 | | Registrar's No. 43 | |
| 1. PLACE OF DEATH a. COUNTY WRIGHT | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY WRIGHT | | | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN MTN. GROVE) | | c. LENGTH OF STAY (in this place) 8 yrs. | | c. CITY OR TOWN MTN. GROVE. | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 715 E. STATE | | | | e. STREET ADDRESS (If rural, give location) 715 E. STATE | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) ROLLA | | b. (Middle) MARION | | c. (Last) BALLARD | | 4. DATE OF DEATH (Month) (Day) (Year) DEC. 10. 1956 | |
| 5. SEX M | | 6. COLOR OR RACE W | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | | 8. DATE OF BIRTH APRIL 10, 1886 | |
| 9. AGE (In years last birthday) 70 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FAARMER | | 11. BIRTHPLACE (City and State or Foreign Country) HUGGINS MO. | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME BENNETT MARION BALLARD | | 13b. MOTHER'S MAIDEN NAME MARY GREEN | | 14. NAME OF HUSBAND OR WIFE ELIZABETH CANTRELL | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO. | | 16. SOCIAL SECURITY NO. 4 | | 17. INFORMANT'S SIGNATURE OR NAME Elizabeth Ballard mtn. grove ADDRESS Wm | | | |
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH Sudden | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 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) 4201 | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2:15 | | 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 6-1 , 19 56 , to 11-14 , 19 56 , that I last saw the deceased alive on 11-14 , 19 56 , and that death occurred at 1 P m., from the causes and on the date stated above. | | | | | | 23a. SIGNATURE W. A. Craig D.O. (Degree or title) 2 | |
| 23b. ADDRESS Mountain Grove Mo | | 23c. DATE SIGNED 12-20-56 | | | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE DEC. 13 1956 | | 24c. NAME OF CEMETERY OR CREMATORY HILLCREST | | 24d. LOCATION (City, town, or county) (State) MTN. GROVE MO. | |
| DATE REC'D BY LOCAL REG. 12-21-56 | | REGISTRAR'S SIGNATURE A. B. Ames | | 25. FUNERAL DIRECTOR'S SIGNATURE Robert Barber mtn. grove ADDRESS | | | |



OCT 29 1957

VS OCT 26 1960

VS JUL 31 1961

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 Rew Boob

Licensed Embalmer No. 384

P. O. Address Me. 17

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.