

FILED MAR 13 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

4563

9324

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1113 E. 5th St.		Length of stay in lb 3 yrs	d. STREET ADDRESS 1807 E. 13th St.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Robert Middle Adolph Last BALL (Young, alias)			4. DATE OF DEATH Month Feb. Day 23 Year 1957		
5. SEX Male	6. COLOR OR RACE Col.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 14, 1926	9. AGE (In years last birthday) 30	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck helper		10b. KIND OF BUSINESS OR INDUSTRY Paper Stock Co.		11. BIRTHPLACE (City and state or country) Texarkana, Texas	
13. FATHER'S NAME Johnnie Ball			14. MOTHER'S MAIDEN NAME Nettie Ford		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War 11		16. SOCIAL SECURITY NO. 707-01-4999	17. INFORMANT Address Edith Young, Shreveport., La.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Blows + Hemorrhage resulting from multiple skull fractures DUE TO (b) cut subdural hemorrhage DUE TO (c) cut subdural hemorrhage PART-II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					INTERVAL BETWEEN ONSET AND DEATH 8 23 34 32
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Injury from car when car stuck fast telephone pole				
20c. TIME OF INJURY Hour a. m. p. m. 2-23-57	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Street				
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION Kansas City, Jackson		COUNTY 123	STATE MO	
21. I attended the deceased from _____, to _____ and last saw her alive on _____ <input checked="" type="checkbox"/> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Dr. C. Kealhofer (Degree or title)			22b. ADDRESS 6627 Park St. 15 C.W.	22c. DATE SIGNED 2-24-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2/26/57	23c. NAME OF CEMETERY OR CREMATORY Zion Rest Cemetery	23d. LOCATION (City, town, or county) (State) Shreveport, La.		
24. FUNERAL DIRECTOR Badeau, Appleton & Jones, K.C., Mo.		25. DATE RECD. BY LOCAL REG. 2-26-57	26. REGISTRAR'S SIGNATURE Reva Minshall		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Geo. C. Kealhofer

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Conrad G. Gentry

Licensed Embalmer No. 4

P. O. Address... K.C., Mo.

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