

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5632

State File No.

FILED FEB 25 1957

BIRTH NO.		REG. DIST. NO. <u>243</u>		PRIMARY REG. DIST. NO. <u>4364</u>		Registrar's No. <u>4</u>		
1. PLACE OF DEATH a. COUNTY <u>Newton</u>				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>				
b. CITY OR TOWN <u>Stella, Mo.</u>		c. LENGTH OF STAY (in this place) <u>2 hours</u>		c. CITY OR TOWN <u>Fairview</u>		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 <u>Cardwell Memorial Hosp.</u>				e. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Frank</u>		b. (Middle) <u>Clarence</u>		c. (Last) <u>Ball</u>	
4. DATE OF DEATH		(Month) <u>Febr.</u>		(Day) <u>10</u>		(Year) <u>1957</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH		
<u>Sept. 30</u>		<u>1904</u>		9. AGE (In years last birthday) <u>52</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>10</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Tavern opr.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Newton County Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Eli Ball</u>			13b. MOTHER'S MAIDEN NAME <u>Not Known</u>			14. NAME OF HUSBAND OR WIFE <u>Carmen Alene Ball</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>495-36-4115</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Carmen Alene Ball</u> ADDRESS <u>Fairview, Mo.</u>				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>					INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					DUE TO (b) <u>Coronary Occlusion</u> <u>1 hour</u>	
		DUE TO (c) <u>Arteriosclerosis</u>					?	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cardiac decompensation</u>					?	
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)		<u>4201</u> <u>MO.</u> <u>NO</u>		
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?				
22. I hereby certify that I attended the deceased from <u>Feb. 7, 1957</u> , to <u>Feb. 10, 1957</u> , that I last saw the deceased alive on <u>Feb. 10, 1957</u> , and that death occurred at <u>12:15 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>Stella, Mo.</u>		23c. DATE SIGNED <u>2-12-57</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-13-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Neosho, Mo. Rural</u>			
DATE REC'D BY LOCAL REG. <u>2.14.57</u>		REGISTRAR'S SIGNATURE <u>Ernest McPherson, Deputy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Morris Pope</u> ADDRESS <u>Wheaton, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

369-6

RECEIVED

District Health Officer No. Newton
District File Number 757-37
Date Filed FEB 18 1957

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 James Kenyth Dunc

Licensed Embalmer No. 47

P. O. Address Wheaton

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.