

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14063

STATE FILE NUMBER

FILED MAY 6 - 1957

Registration District No. 245

Primary Registration District No. 3047

Registrar's No. 59

Health,  
& Welfare  
Public  
Service

S. 300  
v. 1-57

1. PLACE OF DEATH a. COUNTY <b>Newton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a.-STATE <b>Missouri</b> b. COUNTY <b>Newton</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Neosho</b>		c. CITY OR TOWN <b>Seneca</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Sale Memorial Hosp.</b>		d. STREET ADDRESS (If outside, give location) <b>0730</b>	
3. NAME OF DECEASED (Type or print) First <b>Sherman</b> Middle <b>Ford</b> Last <b>Ball</b>		4. DATE OF DEATH Month <b>April</b> Day <b>23</b> Year <b>1957</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct. 21, 1915</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>clerical &amp; merchant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Lumber yard</b>	11. BIRTHPLACE (City and state or country) <b>Newton Co., Missouri</b>
13a. FATHER'S NAME <b>Isaias Ball</b>		13b. MOTHER'S MAIDEN NAME <b>Bessie Ford</b>	14. NAME OF HUSBAND OR WIFE <b>Zada Nadine Ball</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>500-01-8909</b>	17. INFORMANT Address <b>Mrs. Zada Nadine Ball, Seneca Mo</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4201</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>1957</b>	
21. I attended the deceased from <b>April 5</b> to <b>April 23</b> and last saw him alive on <b>April 22</b> Death occurred at <b>3:00 p.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>M. Cartwright</i>		22b. ADDRESS <b>Neosho Mo</b>	22c. DATE SIGNED <b>Apr 29</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
<b>Burial</b>	<b>Apr. 27, 57</b>	<b>Seneca Cemetery</b>	<b>Seneca, Missouri (1957)</b>
24. FUNERAL DIRECTOR <i>W. E. ...</i>		25. DATE RECD. BY LOCAL REG. <b>4-30-57</b>	26. REGISTRAR'S SIGNATURE <b>Melvin C. Bowman</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

**RECEIVED**

District Health Officer No. Newton  
District File Number 257-105  
Date Filed MAY 4 1957

MAY 8 1957

JUN 1 MAR 1 2 1958

**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 W E Billings

Licensed Embalmer No. 2174

P. O. Address Seneca MI

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.