

S. No. 300
v. 10.48

FILED JUL 19 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27151

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 143

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence/before admission) a. STATE Missouri		b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston		c. CITY OR TOWN Malden		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) 25 Hrs.		e. STREET ADDRESS (If rural, give location) 110 Decatur			
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Delta Community Hospital					

3. NAME OF DECEASED (Type or Print) a. (First) William			b. (Middle) Octavia		c. (Last) Ball		4. DATE OF DEATH (Month) (Day) (Year) 6 21 57				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH 1 - 20 - 1939		9. AGE (in years last birthday) 18		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Service Station Att.			10b. KIND OF BUSINESS OR INDUSTRY Malden Oil Co.			11. BIRTHPLACE (City and State or Foreign Country) Arkansas			12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Octaviva Houston-Ball		13b. MOTHER'S MAIDEN NAME Marian Murphy		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		16. SOCIAL SECURITY NO. 498-40-3915		17. INFORMANT'S SIGNATURE OR NAME Mrs. O. H. Ball		ADDRESS 110 Decatur, Malden, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Brain concussion</i>						30 hrs	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Skull fracture</i>						?	
		DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>multiple lacerations of scalp</i>						30 hrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? <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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 6/23, 1957, to 6/24, 1957, that I last saw the deceased alive on 6/24, 1956, and that death occurred at 8:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Wm. C. Citchelms M.D.</i>		23b. ADDRESS <i>Sikeston, Mo</i>		23c. DATE SIGNED <i>June 24, 1957</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>6-26-57</i>		24c. NAME OF CEMETERY OR CREMATORY <i>MEMORIAL PARK</i>	
		24d. LOCATION (City, town, or county) (State) <i>MALDEN MO.</i>			

DATE REC'D BY LOCAL REG. <i>7-11-57</i>		REGISTRAR'S SIGNATURE <i>Mrs. Ella Hunter</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>DAY FUNERAL HOME, MALDEN MO.</i>		ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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

103
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429

DATE RECEIVED JUL 15 1957

SCOTT CO. HEALTH DEPT.

CO. FILE No. 757-141

JUL 23 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 *J. D. Krauman*.....

Licensed Embalmer No. 4086

P. O. Address Morden,

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.