

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 43926
Registrar's No. 118

BIRTH NO. _____		REG. DIST. NO. 100		PRIMARY REG. DIST. NO. 5385		Registrar's No. 118	
1. PLACE OF DEATH a. COUNTY Dent County				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dent			
b. CITY (If outside corporate limits, write RURAL and give township) Meremac TWP.		c. LENGTH OF STAY (in this place) 69		c. CITY OR TOWN Stonehill, Missouri		d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Meremac Twp. Stonehill, Mo.				e. STREET ADDRESS (If rural, give location) Stonehill, Missouri			
3. NAME OF DECEASED (Type or Print) Herbert		a. (First) A.		c. (Last) Ball		4. DATE OF DEATH (Month) (Day) (Year) Dec. 19, 1957	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 18, 1888	
9. AGE (In years last birthday) 69		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Dent County, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Daniel Ball		13b. MOTHER'S MAIDEN NAME Cita Spivey		14. NAME OF HUSBAND OR WIFE Vilena Bowers	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Vilena Bowers Ball, Stonehill, Mo.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Hemorrhage</i> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Cerebral insufficiency</i> 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 <i>1 yr.</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 2 YES ☐ NO ☒	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 5-18- , 19 55 , to 7-29- , 19 57 , that I last saw the deceased alive on 7-29- , 19 57 , and that death occurred at 8:00am. , from the causes and on the date stated above.							
23a. SIGNATURE <i>John E. Miller</i>		(Degree or title)		23b. ADDRESS <i>Salem, Mo.</i>		23c. DATE SIGNED 12-30-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-22-57		24c. NAME OF CEMETERY OR CREMATORY Stonehill, Cemetery		24d. LOCATION (City, town, or county) (State) Stonehill, Missouri	
DATE REC'D BY LOCAL REG. 12-23-57		REGISTRAR'S SIGNATURE <i>Thomas C. Dunder</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>John E. Miller</i>		ADDRESS Salem, Missouri	

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 7 1961

JAN 10 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.....
92370

Licensed Embalmer No.

P. O. Address.....

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.