

STANDARD CERTIFICATE OF DEATH

47798

STATE FILE NUMBER

FILED MAY 12 1958

Registration District No. 162 Primary Registration District No. 5595 Registrar's No. 51

S. 300
v. 1-57

0500
3

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Jefferson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY St. Clair							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Rock Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Dupo, Ill		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Body Found in Mississippi River			Length of stay in lb Unknown		d. STREET ADDRESS 403 N. 3rd		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) Virgil Ballard				4. DATE OF DEATH Dec 30, 1957							
5. SEX M.		6. COLOR OR RACE W.		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Apr. 22, 1919		9. AGE (In years last birthday) 38		10. FUNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter			10b. KIND OF BUSINESS OR INDUSTRY Building		11. BIRTHPLACE (City and state or country) Sullivan, Ind. 1			12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME Scott Ballard				13b. MOTHER'S MAIDEN NAME Gladys Miller				14. NAME OF HUSBAND OR WIFE Mable Williams Ballard			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or years of service) yes W. W. II			16. SOCIAL SECURITY NO. 518-14-4314		17. INFORMANT Address Mable Ballard Dupo, Ill.						
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Accidental Drowning								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) _____								9298			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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.)								
20c. TIME OF INJURY Hour Month, Day, Year a.m. Dec. 30, 57 p.m.											
20d. INJURY OCCURRED WHILE AT <input checked="" type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) River.			20f. CITY, TOWN, OR LOCATION Rock Township			COUNTY Jeff. STATE Mo		
21. I attended the deceased from Inquest , to _____ and last saw her/him alive on _____ Death occurred at exact hour unknown m on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) James C. Brown 3						22b. ADDRESS St. Clair, Mo.			22c. DATE SIGNED 4/17/58		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal			23b. DATE Apr. 17, 58		23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery			23d. LOCATION (City, town, or county) (State) St. Clair Co, Ill			
24. FUNERAL DIRECTOR Harold Washburn Dupo, Ill				ADDRESS		25. DATE RECD. BY LOCAL REG. 4-17-58		26. REGISTRAR'S SIGNATURE Robert E. Bauer			

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

APR 29 1958

MAY 1 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 *Harold D. Washburn*

Licensed Embalmer No. *4681*
P. O. Address *W. Washburn*

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.