

STANDARD CERTIFICATE OF DEATH

58-026530

STATE FILE NUMBER

FILED JUL 30 1958

Registration District No. 280 Primary Registration District No. 6-964 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>Parkville Mo. Rt #1</u> TOWN		c. CITY OR TOWN <u>Parkville Mo. Rt 1 083</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rt #1 Box 283</u>		d. STREET ADDRESS (If outside, give location) <u>Rt 1 Box 283</u>	
Length of stay in lb <u>8 years</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED First <u>John</u> Middle <u>Morris</u> Last <u>Ball</u>				4. DATE OF DEATH Month <u>July</u> Day <u>10</u> Year <u>1958</u>			
6. COLOR OR RACE <u>Male</u> <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Nov. 8-1878</u>		9. AGE (In years birthday) <u>79</u>	
10a. OCCUPATION (Give kind of work done and number of working years if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Gravette Arkansas 1</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Lemuel Ball</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Morris</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Ball</u>	
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. <u>none</u>		17. INFORMANT Address <u>Paula Ball, Parkville Mo. Rt 1 Box 283</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> DUE TO (b) <u>arterio sclerosis</u> DUE TO (c) <u>331X</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 hours</u> <u>10 years</u>
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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"/>
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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 <u>8</u> a.m. <u>10</u> p.m.			

20d. INJURY OCCURRED WHILE AT <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 <u>Gravette Arkansas</u>	
21. I attended the deceased from <u>8/6/58</u> to <u>7/10/58</u> and last saw him alive on <u>7/9/58</u> Death occurred at <u>8 AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					

22a. SIGNATURE <u>Elizabeth Jennings M.D.</u>		(Degree or title)		22b. ADDRESS <u>North Kansas City K.K.V. Mo.</u>		22c. DATE SIGNED <u>7/11/58</u>	
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>July 11-1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Dow</u>		23d. LOCATION (City, town, or county) (State) <u>Gravette Arkansas</u>	
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24. FUNERAL DIRECTOR <u>Mrs. C.L. Forster Funeral Home, Inc.</u> <u>Kansas City Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>7-11-1958</u>		26. REGISTRAR'S SIGNATURE <u>Alphie Rollins</u>	
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.



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. Virgil Herick

Licensed Embalmer No. *3599*

P. O. Address *H. C. Ma...*

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.