

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-035317

STATE FILE NUMBER

FILED OCT 1 1958 Registration District No. 378 Primary Registration District No. 4552 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <b>Wright</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Wright</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Mtn. Grove</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Mtn. Grove</b> 114/0	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Mtn. Grove Nursing Home (Yrs)</b>				Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <b>Gen. Del.</b>	
3. NAME OF DECEASED (Type or print) First <b>Charlotte</b> Middle <b>BALLARD</b> Last <b>BALLARD</b>				4. DATE OF DEATH Month <b>Sept.</b> Day <b>24</b> Year <b>1958</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Jan. 20, 1870</b>	
9. AGE (In years last birthday) <b>88</b>		IF UNDER 1 YEAR Months <b>8</b> Days <b>4</b> Hours <b></b> Min. <b></b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <b>Yellville, Arkansas</b>				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13. FATHER'S NAME <b>Wiley Richardson</b>				14. MOTHER'S MAIDEN NAME <b>Bettie Richardson</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT Address <b>Mrs. Bessie Blakely, Willow Spgs., 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>Arteriosclerosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>4500</b> DUE TO (c) <b></b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							INTERVAL BETWEEN ONSET AND DEATH
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 <b>a. m.</b> Month <b></b> Day <b></b> Year <b></b> p. m. <b></b>							
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 <b>Mtn. Grove, Mo.</b>		
21. I attended the deceased from <b>June 10-1958</b> to <b>9-24-58</b> and last saw her alive on <b>9-24-58</b> Death occurred at <b>6:45 PM</b> on the date stated above; and to the best of my knowledge, from the causes stated.							22c. DATE SIGNED <b>9-25-58</b>
22a. SIGNATURE <b>B. W. Blakely</b> (Degree or title)			22b. ADDRESS <b>Mtn. Grove, Mo.</b>			22c. DATE SIGNED <b>9-25-58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>9-28-58</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Mtn. Grove City</b>		23d. LOCATION (City, town, or county) (State) <b>Mountain Grove, Mo.</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Burns Funeral Home, Willow Spgs., Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>9-25-58</b>		26. REGISTRAR'S SIGNATURE <b>Bessie Blakely</b>	

(Licensed Embalmer's Statement on Reverse Side)

300 1-56  
All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

OCT 8 1958

Rec.	9/29/58
WILLOW SPRING HEALTH DEPT.	
County File Number	958-77
Date Filed	9-30-58

### 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 Fred W. Barnes

Licensed Embalmer No. 4614

P. O. Address Willow Spg

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.