THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-035920
STATE FILE NUMBER

FILED NOV 5 1958 Registration District No. 100 Primary Registration District No. 3018 Registrar's No. 96

1. PLACE OF DEATH
a. COUNTY: Dent County
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Salem, Missouri — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Hart Clinic — Length of stay in Ib: 5 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Dent
c. CITY OR TOWN: Salem, Missouri — Inside Limits: Yes [ ] No [ ]
d. STREET ADDRESS (If outside, give location): 0330 Salem, Missouri — Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First: Sanborn Middle: N. Last: Ball

4. DATE OF DEATH: Month: Oct. Day: 30 Year: 1958

5. SEX: Male **6. COLOR OR RACE**: White **7. MARRIED** [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: May 15, 1883 **9. AGE** (In years last birthday): 75 IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmerg **10b. KIND OF BUSINESS OR INDUSTRY**: Farming

11. BIRTHPLACE (City and state or country): Dent County, Missouri **12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

13a. FATHER'S NAME: Daniel D. Ball **13b. MOTHER'S MAIDEN NAME**: Cita Spivy **14. NAME OF HUSBAND OR WIFE**: Mae Ball

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 543-05-4656 **17. INFORMANT**: Sanborn Ball Jr Address: Salem, Missouri

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ~~Acute~~ Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary Atherosclerosis
DUE TO (c) Generalized Arteriosclerosis
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4201

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 10/9/58, to 10/30/58 and last saw him alive on 10/29/58
Death occurred at 12:10 am on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE B. J. Bass (Degree or title) MD **22b. ADDRESS** Salem, Mo **22c. DATE SIGNED** 10/31/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial **23b. DATE**: Nov. 1, 1958 **23c. NAME OF CEMETERY OR CREMATORY**: Cedar Grove **23d. LOCATION** (City, town, or county) (State): Salem, Missouri

24. FUNERAL DIRECTOR: Carl K. Spencer **ADDRESS**: Salem, Missouri **25. DATE RECD. BY LOCAL REG.**: 10/31/58 **26. REGISTRAR'S SIGNATURE**: M. M. Hack, M.D. by A.M.

(Licensed Embalmer's Statement on Reverse Side)

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.

. Health, & Welfare . Public h Service
S. 300
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331
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DEC 9 1958

FEB 9 1959

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 .....

Licensed Embalmer No. 237

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.