

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-000598  
STATE FILE NUMBER

Registration District No. 71 Primary Registration District No. 3012 Registrar's No. 5

**DECEASED** FEB 2 1959

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CLAY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>EXCELSIOR SPRINGS</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>EXCELSIOR SPRINGS</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>V.A. HOSPITAL GROUNDS</u> Length of stay in 1b <u>28 YRS</u>		d. STREET ADDRESS (If outside, give location) <u>601 GARLAND</u> Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>THOMAS JEFFERSON BALL</u> First Middle Last			4. DATE OF DEATH <u>JAN. 9 1959</u> Month Day Year
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>1-31-1896</u>
9. AGE (In years last birthday) <u>62</u>		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) <u>FIREMAN ENGINEER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOSP BOILER ROOM</u>	11. BIRTHPLACE (City and state or country) <u>MOUND CITY, KANS.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>THOMAS J. BALL</u>	
14. MOTHER'S MAIDEN NAME <u>MAGGIE DAVIDSON</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>491-20-2822</u>		17. INFORMANT <u>MINNIE R. BALL, 601 GARLAND EX. SPRINGS, MO.</u> Address	
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>Crown Aneurysm (acute)</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>1221</u>			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.) <u>no injury</u>		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <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 COUNTY STATE <u>V. A. Hospital, Ex. Springs, Mo. CLAY</u>	
21. <input checked="" type="checkbox"/> attended the deceased from <u>XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX</u> and last saw her alive on <u>XXXXXXXXXXXX</u> Death occurred at <u>7:30 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree of title) <u>Dr. F. L. ... (Coroner)</u>		22b. ADDRESS <u>North Kansas City, Mo.</u>	22c. DATE SIGNED <u>1/20/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>1-12-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>CROWN HILL</u>	23d. LOCATION (City, town, or county) (State) <u>EXCELSIOR SPRINGS, MO.</u>
24. FUNERAL DIRECTOR <u>Prichard Funeral Home, Inc. Excelsior Springs, Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>1-21-59</u>	26. REGISTRAR'S SIGNATURE <u>Baroline Nutt</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

0961 9 334  
FEB 6 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 *Ludell Jarman*

Licensed Embalmer No. *4*  
*Excelsior Springs*  
P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.