

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002560

STATE FILE NUMBER

FILED JAN 12 1959 Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY ST CHARLES		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY MINTONIA	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST CHARLES		c. CITY OR TOWN JONESBURG ¹⁷⁰⁰	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST JOSEPH HOSP		d. STREET ADDRESS (If outside, give location) 11 HAS	
3. NAME OF DECEASED (Type or print) First Middle Last HAZEL JEANNETTE BALL		4. DATE OF DEATH Month Day Year 1 1 59	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10-30-96
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		9b. KIND OF BUSINESS OR INDUSTRY None	9. AGE (In years last birthday) 62 F UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. FATHER'S NAME Oscar Bridgman		10b. MOTHER'S MAIDEN NAME Lilly Miller	11. BIRTHPLACE (City and state or country) St Louis MO
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13. NAME OF HUSBAND OR WIFE F. T. Ball	
14. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		15. SOCIAL SECURITY NO. 492-44-9560	
16. INFORMANT F. T. Ball		17. ADDRESS Jonesburg MO	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of ovary Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized carcinomatous DUE TO (c) abdominal and skin PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1750			INTERVAL BETWEEN ONSET AND DEATH 1 year 3 months
19a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		19b. 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 <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	
21. I attended the deceased from Dec 16, 1958 to Jan 1, 1959 and last saw her alive on Jan 1, 1959 Death occurred at 3:05 p.m., Jan 1, 1959 in on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Russell Hider MD (Degree or title)		22b. ADDRESS St Charles, Mo	
22c. DATE SIGNED Jan 3, 1959			
23a. BURIAL, CREMATION, REMOVAL (Specify) Buried		23b. DATE 1-4-59	
23c. NAME OF CEMETERY OR CREMATORY Jonesburg		23d. LOCATION (City, town, or county) (State) Jonesburg MO	
24. FUNERAL DIRECTOR Carl A. Hardy		25. DATE RECD. BY LOCAL REG. Jan. 3-59	
26. REGISTRAR'S SIGNATURE Mareesa Wilson			

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 Carl A. Harding

Licensed Embalmer No. 4115

P. O. Address Jonesburg, Mo.

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.