

DED

1. PLACE OF DEATH a. COUNTY MONROE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY MONROE				
b. CITY (If outside corporate limits, give TOWNSHIP only) PARIS		Length of stay in 1b 24 YRS.		c. CITY OR TOWN PARIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION E. LOCUST ST.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) E. LOCUST ST.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM THOMAS BALL				4. DATE OF DEATH Month Day Year JULY 23 1959				
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH JAN 18, 1916	9. AGE (last birthday) 43	IF UNDER 1 YEAR Months Days Hours Min. 6 3 - -		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SCHOOL CUSTODIAN		10b. KIND OF BUSINESS OR INDUSTRY PUBLIC SCHOOL		11. BIRTHPLACE (City and state or country) MONROE CO. MO.		12. CITIZEN OF WHAT COUNTRY		
13a. FATHER'S NAME ASHLEY D. BALL			13b. MOTHER'S MAIDEN NAME GRACE BEDFORD		14. NAME OF HUSBAND OR WIFE VELMA I. BALL			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES W. W. II		16. SOCIAL SECURITY NO. 499-05-7518		17. INFORMANT Address MRS VELMA I. BALL PARIS, 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) Hypernephroma							INTERVAL BETWEEN ONSET AND DEATH N.K.	
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)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 16.)				
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year								
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	
21. I attended the deceased from 7:57:26 1958 to July 23-1959 and last saw him alive on July 23-1959 Death occurred at 6:50 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) J. A. Barnett M.D.				22b. ADDRESS Paris, Mo.		22c. DATE SIGNED 7-25-59		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE JULY 25, 1959	23c. NAME OF CEMETERY OR CREMATORY WALNUT GROVE CEM.		23d. LOCATION (City, town, or county) (State) PARIS MO.			
24. FUNERAL DIRECTOR ADDRESS E. H. AGNEW PARIS, MO			25. DATE RECD. BY LOCAL REG. 7-25-59		26. REGISTRAR'S SIGNATURE J. A. Barnett M.D.			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 26 1959

MAR 4 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed E. H. Agnew

Licensed Embalmer No. 4000
P. O. Address Provia, W

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.