DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-029475
STATE FILE NUMBER

FILED VS SEP 9 1959 Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 422

DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Joplin — Length of stay in 1b: 30 years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Freeman Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri COUNTY: Jasper
c. CITY OR TOWN: Joplin — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 2029 Joplin St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Harry Middle: Warren Last: Ball
4. DATE OF DEATH: Month Day Year: August 28, 1959
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2-19-1884
9. AGE (last birthday): 75 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grocer
10b. KIND OF BUSINESS OR INDUSTRY: Grocery
11. BIRTHPLACE (City and state or country): Granby, Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: C. C. Ball
13b. MOTHER'S MAIDEN NAME: Maria Sweet
14. NAME OF HUSBAND OR WIFE: Sally 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.: 491-01-0883
17. INFORMANT: Address: Mrs. Sally Ball Joplin, Missouri

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): Pneumonitis — INTERVAL BETWEEN ONSET AND DEATH: 3-4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Postoperative Gastric Resection — 7 days
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Massive Upper Gastrointestinal Hemorrhage
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 8-21-59, to 8-28-59 and last saw her/him alive on 8-28-59
Death occurred at 3:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: John L. Beattie (Degree or title): M. D.
22b. ADDRESS: 1st National Bldg Joplin Mo
22c. DATE SIGNED: 9-1-59

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8-30-1959
23c. NAME OF CEMETERY OR CREMATORY: Granby Memorial
23d. LOCATION (City, town, or county) (State): Granby, Missouri
24. FUNERAL DIRECTOR ADDRESS: Shewmake Funeral Home Granby, Missouri
25. DATE RECD. BY LOCAL REG.: 9/3/59
26. REGISTRAR'S SIGNATURE: Dorce Merriam

(Licensed Embalmer's Statement on Reverse Side)

DEC

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Floyd E. Shumake

Licensed Embalmer No. 492

P. O. Address 50 58 Granby

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