

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-038804

STATE FILE NUMBER

Registration District No. 4 Primary Registration District No. _____ Registrar's No. 119

FILED VS DEC 13 1959

1. PLACE OF DEATH a. COUNTY <u>Atchison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Atchison</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Fairfax</u>		Length of stay in lb <u>4 weeks</u>		c. CITY OR TOWN <u>Fairfax</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Fairfax Community Hospital</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>5 miles south of town</u>		
3. NAME OF DECEASED (Type or print) First <u>Agnes</u> Middle <u>Adeline</u> Last <u>Ball</u>				4. DATE OF DEATH Month <u>Dec.</u> Day <u>11</u> Year <u>1959</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Apr. 12 1877</u>		
9. AGE (last birthday) <u>82 yrs</u>		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) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (City and state or country) <u>Maysville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Nathaniel Andrew Rodgers</u>			13b. MOTHER'S MAIDEN NAME <u>Ruth Ann Leveering</u>			14. NAME OF HUSBAND OR WIFE <u>Edward Pierce Ball</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>None</u>		17. INFORMANT <u>Miss Mary Anna Bell</u>		Address <u>Fairfax Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>acute mesenteric thrombosis</u>							<u>12 hrs</u>	
DUE TO (b) <u>thrombosis mesenteric artery</u>							<u>12 hrs</u>	
DUE TO (c) <u>arteriosclerosis mesenteric artery</u>							<u>15 yrs</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>acute myelogenous leukemia</u>							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 checked="" type="checkbox"/> NO <input 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 18.)				
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 _____ and last saw him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge from the causes stated.								
22a. SIGNATURE (Degree or title) <u>W. B. Kettle, M.D.</u>				22b. ADDRESS <u>Fairfax Courthouse</u>		22c. DATE SIGNED <u>Dec 11-59</u>		
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Dec 13, 1959</u>		23c. NAME OF CEMETERY <u>Pleasant Ridge</u>		23d. LOCATION (City, town, or county) (State) <u>Fairfax Mo.</u>		
24. FUNERAL DIRECTOR <u>Schaaler Funeral Home</u>		ADDRESS <u>Fairfax Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Dec 12, 1959</u>		26. REGISTRAR'S SIGNATURE <u>Thobain J. Schaaler</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 *Asphy P. West*

Licensed Embalmer No. 4257

P. O. Address Westboro

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.