		/S DEC 2 8 19 egistration District No.	9-9Pri	mary Registration	District No	Registrar's No.		STATE FILE		
_	1.	. PLACE OF DEATH			· · · · · · · · · · · · · · · · · · ·	II	ICE (Where deceased I	ived. If institution		
		a. COUNTY De Kalb				a. STATE Missouri Gentry admission)				
		b. CITY (If outside corporate limits, give TOWNSHIP only) OR Length of stay in 1b				c. CITY OR			Inside Limits	
		Town Haysville 5 days				II TOUGH DE	ing City		Yes ∰ No □	
		c. FULL NAME OF (If NOT in hospital, give location) Inside Limits			d. STREET ADDRESS	(If outside	, give location)	Reside on Farm		
1	Í	INSTITUTIONSU	nset Nurs.	Home	Yes- ₹ No □		3 W. Vermo	ont	Yes □ No ∰	
1	-3	. NAME OF DECEASE			Middle	Last		Month Day	Year	
		(Type or print)	William	Chris	topher B	all	DEATH Dec	. 7	1959	
	5	i. SEX	6. COLOR OR RACE	7. Married	Never Married	8. DATE OF BIRTH	9. AGE (lest birthday	y) IF UNDER 1 YE	AR IF UNDER 24 HR	
		Male	White	Widowed	☐ Divorced ☐	10/5/71	88	Months Day	s Hours Min.	
	10	a. USUAL OCCUPATION	N (Give kind of work done	10b. KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (City and state or country	v) 12. CITIZEN C	F WHAT COUNTRY	
		during most of work	ing life, even if retired) 편이안의의	LC.B.	& Q. RR.	Buchana	n Co. Mo.	USA		
	13	a. FATHER'S NAME	P OTEMAII		OTHER'S MAIDEN NAM	NE	14. NAME O	F HUSBAND OR WI	FÉ	
	ŀ	William	G. Ball	I.	Jancy (Unk	nown)	Martha	a Jane Ba	911	
		. WAS DECEASED EVE	R IN U.S. ARMED FORCES	? 16. S		17. INFORMANT		Address		
	{Y	(es, ng, or unknown) (If yes, give war or dates of service) None			None	Forrest :	Ball Lind	oln, Nel	o •	
ے ا	- 			r line for (a), (b),	, and (c).				INTERVAL BETWEEN	
늗		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: ONSET AND DEATH								
5					12 to a 16 to be	1/ 6/2	annille II.		0 11. 11	
			IMMEDIATE CAUSE (a)	exelora	L. He	morrele	rge !	2./2day	
ğ		- 11.0 - 11.0	·		are Bra	L He	Markele	rge	2./2 day	
00		which :	ions, if any, DUE TO (exe ora	L He	nois	rge	2/200	
DOC		which sabove stating	ions, if any, pave rise to cause (a), the under-	(b)	ore ora	L Ne	merrhe	age	2./2day	
DOCUMENT	-	which sabove stating lying	ions, if any, gave rise to cause (a), the under-cause last. DUE TO	(c)	ar leri	L Ne	nerrhe	rge	2.12.day	
DOC	TION	which sabove stating lying	ions, if any, pave rise to cause (a), the under-	(c)	OXI GARAGE	TH but not related to	the terminal PAR	III. If deceased there a preg	was female wa nancy in last 90 days	
DOC	ICATION	which sabove stating lying	ions, if any, gave rise to cause (a), the under-cause last. DUE TO	(c)	OXI VERE	A Selection of related to	the terminal PAR	there a preg		
DOC	XTIFICATION	which above stating lying PART I	ions, if any, gave rise to cause (a), the under-cause isst. DUE TO disease condition given	(c)CONDITIONS CO			the terminal PAR	there a preg	nancy in last 90 days No Unknown	
DOC	CERTIF	which above stating lying	ions, if any, gave rise to cause (a), the under-cause last. DUE TO disease condition given	(c)CONDITIONS CO				there a preg	nancy in last 90 days No Unknown	
DOC	CERTIF	PART I 19. WAS AUTOPSY PERFORMED? YES NO 2 20c. TIME OF Hou	ions, if any, gave rise to cause (a), the under-cause last. DUE TO disease condition given 20a. ACCIDENT SUICIT	(c)CONDITIONS CO				there a preg	nancy in last 90 days No Unknown	
DOC	EDICAL CERTIFICATION	which above stating lying PART I	ions, if any, gave rise to cause (a), the under-cause isst. DUE TO disease condition given 20a. ACCIDENT SUICIT	(c)CONDITIONS CO				there a preg	nancy in last 90 days No Unknown	
DOC	CAL CERTIFI	19. WAS AUTOPSY PERFORMED? YES NO 20c. TIME OF INJURY P.m.	ions, if any, gave rise to cause (a), the under-cause last. DUE TO disease condition given 20a. ACCIDENT SUICIT Month, Day, Year	(c)CONDITIONS CO in PART I (a)	20b. DESCRIBE HO	W INJURY OCCURRED	. (Enter nature of injury	there a preg	nancy in last 90 days No Unknow	
DOC	CAL CERTIFI	19. WAS AUTOPSY PERFORMED? YES NO 20c. TIME OF INJURY a.m. p.m	ions, if any, gave rise to cause (a), the under-cause last. DUE TO (disease condition given 20a. ACCIDENT SUICIT Month, Day, Year Month, Day, Year farm,	(c)	20b. DESCRIBE HO	W INJURY OCCURRED	. (Enter nature of injury	there a preg	nency in lest 90 days No Unknow If of item 18.)	
DOC	CAL CERTIFI	19. WAS AUTOPSY PERFORMED? YES NO DESCRIPTION OF INJURY A.M. P.M. 20d. INJURY OCCURR WHILE AT WORL NOT WHILE AT WORL	ions, if any, gave rise to cause (a), the under-cause last. DUE TO (disease condition given to the under-cause last.) 20a. ACCIDENT SUICIL CONTROL CO	(c)CONDITIONS CO in PART I (a)	20b. DESCRIBE HO	OW INJURY OCCURRED 20f. CITY, TOWN, OR	. (Enter nature of injury	there a preg	nency in lest 90 days No Unknow If of item 18.)	
DOC	CAL CERTIFI	which above stating lying PART I 19. WAS AUTOPSY PERFORMED? YES NO COURT NIJURY OCCURE WHILE AT WORK NOT WHILE AT 21. 1 attended the difference of the state of	ions, if any, gave rise to cause (a), the under-cause last. DUE TO (disease condition given to the under-cause last.) 20a. ACCIDENT SUICIT	(c)	20b. DESCRIBE HO	20f. CITY, TOWN, OR	LOCATION	there a preg	nency in lest 90 days No Unknow II of item 18.)	
DOC	CAL CERTIFI	19. WAS AUTOPSY PERFORMED? YES NO DESCRIPTION OF INJURY A.M. P.M. 20d. INJURY OCCURR WHILE AT WORL NOT WHILE AT WORL	DUE TO (gave rise to cause (a), the under- cause last.) DUE TO (I. OTHER SIGNIFICANT (disease condition given 20e. ACCIDENT SUICIT Tr. Month, Day, Year CRED 20e. PLACE K Tarm, WORK Tarm, eccessed from III	(c)	20b. DESCRIBE HO	20f. CITY, TOWN, OR	. (Enter nature of injury	there a preg	nancy in lest 90 days No Unknow It of item 18.) STATE Causes stated.	
	CAL CERTIFI	which above stating lying PART I 19. WAS AUTOPSY PERFORMED? YES NO COURT NIJURY OCCURE WHILE AT WORK NOT WHILE AT 21. 1 attended the difference of the state of	DUE TO (gave rise to cause (a), the under- cause last.) DUE TO (I. OTHER SIGNIFICANT (disease condition given 20e. ACCIDENT SUICIT Tr. Month, Day, Year CRED 20e. PLACE K Tarm, WORK Tarm, eccessed from III	(c)	20b. DESCRIBE HO	20f. CITY, TOWN, OR	LOCATION	there a preg	nency in lest 90 days No Unknown II of item 18.)	
OF	MEDICAL CERTIF	19. WAS AUTOPSY PERFORMED? YES NO 20. TIME OF INJURY OCCURR WHILE AT WORL NOT WHILE AT 21. 1 attended the diposition occurred and 22a. SIGNATURE	ions, if any, gave rise to cause (a), the under-cause (asst.) I. OTHER SIGNIFICANT (disease condition given (asset)) 20a. ACCIDENT SUICIT (asset) WORK (asset) eccessed from (Dec.)	(c)	20b. DESCRIBE HO 20b. DESCRIBE HO 2., in or about home, ffice bidg., etc.) 257, to Kle 0 A a m on th	20f. CITY, TOWN, OR date stated above, a	LOCATION I last saw him alive on, and to the best of my king.	there a preg	state STATE STATE Causes stated.	
OF	MEDICAL CERTIF	19. WAS AUTOPSY PERFORMED? YES NO 20. TIME OF INJURY OCCURR WHILE AT WORL NOT WHILE AT 21. 1 attended the diposition occurred and 22a. SIGNATURE	ions, if any, gave rise to cause (a), the under-cause (asst.) I. OTHER SIGNIFICANT (disease condition given (asset)) 20a. ACCIDENT SUICIT (asset) WORK (asset) eccessed from (Dec.)	(c)	20b. DESCRIBE HO	20f. CITY, TOWN, OR date stated above, a	LOCATION	there a preg	nancy in lest 90 days No Unknow It of item 18.) STATE Causes stated.	
OF	MEDICAL CERTIF	19. WAS AUTOPSY PERFORMED? YES NO 20c. TIME OF INJURY P.m. 20d. INJURY OCCURE WHILE AT WORINOT WHILE AT 21. 1 attended the diposition occurred in the second occ	DUE TO (cause (a), the under-cause (ast.) I. OTHER SIGNIFICANT (disease condition given (ast.) 20a. ACCIDENT SUICIT (ast.) WORK (ast.) CED (ast.)	(c)	20b. DESCRIBE HO 20b. DESCRIB	20f. CITY, TOWN, OR Le J J J Jano Le date stated above, a 22b. ADDRESS	LOCATION I last saw him alive on- nd to the best of my ke 3d. INCATION (City, to	there a preg	nancy in lest 90 days No Unknow It of item 18.) STATE Causes stated.	
	MEDICAL CERTIF	19. WAS AUTOPSY PERFORMED? YES NO DESCRIPTION NO DESCRIPTION NOT WHILE AT WORL NOT WHILE AT 21. 1 attended the did Death occurred a BURNAL, CREMATION REMOVAL (Specify)	DUE TO (cause (a), the under-cause (ast.) I. OTHER SIGNIFICANT (disease condition given (ast.) 20a. ACCIDENT SUICIT (ast.) WORK (ast.) CED (ast.)	(c)	20b. DESCRIBE HO 20b. DESCRIB	20f. CITY, TOWN, OR Let J. J. J. Jance date stated above, a 22b. ADDRESS	LOCATION I last saw him alive on- nd to the best of my ke 3d. INCATION (City, to	there a preg	nancy in lest 90 days No Unknow It of item 18.) STATE Causes stated.	

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	Signed Harolf Woodrel
Signature of Student Embalmer	Licensed Embalmer No. 460 9

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