

# URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS FEB 24 1960

60-005033

STATE FILE NUMBER

Registration District No. 11 Primary Registration District No. 5052 Registrar's No. 17

ENDED

1. PLACE OF DEATH a. COUNTY <b>Barry</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Barry</b>			
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>Roaring River Twp.</b>		Length of stay in 1b		c. CITY OR TOWN <b>Eagle Rock</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>WILLIAM</b> Middle <b>SILAS</b> Last <b>BALL</b>				4. DATE OF DEATH Month <b>February</b> Day <b>12</b> Year <b>1960</b>			
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11-9-1874</b>	9. AGE (last birthday) <b>85</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>10</b> Hours <b>0</b> Min.		IF UNDER 24 HR Hours <b>0</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>farm</b>		11. BIRTHPLACE (City and state or country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Wm. Valentine Ball</b>			13b. MOTHER'S MAIDEN NAME <b>Sarah Elizabeth Garrett</b>			14. NAME OF HUSBAND OR WIFE <b>Jennie Ball</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>unknown</b>		16. SOCIAL SECURITY NO. <b>unknown</b>		17. INFORMANT Address <b>Mrs. Jennie Ball-Eagle Rock, Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Congestive Heart Failure</b>						INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Euremia</b>						<b>2 Mo.</b>	
DUE TO (c) <b>Chronic Enlarged Prostate</b>						<b>20 years</b>	
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 18.)			
20c. TIME OF INJURY Hour <b>8</b> a.m. <b>0</b> 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 <b>Mar. 3-1922</b> to <b>Feb. 10-1960</b> and last saw him alive on <b>Feb. 10-1960</b> Death occurred at <b>8</b> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>E. E. McDaniel, M.D.</b> (Degree or title)			22b. ADDRESS <b>Cassville, Mo.</b>			22c. DATE SIGNED <b>2-12-60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>2-16-1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Munsey Cemetery</b>		23d. LOCATION (City, town, or county) <b>Barry County, Missouri</b>		(State)	
24. FUNERAL DIRECTOR <b>Culver's</b>		ADDRESS <b>Cassville, Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>2-15-1960</b>		26. REGISTRAR'S SIGNATURE <b>Kruse Williams</b>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 5

**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 Margaret C. Hembert

Licensed Embalmer No. 4389

P. O. Address Cassville

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.