

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-006067

FILED VS FEB 29 1960

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 31

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Norwell</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Norwell</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>West Plains</u>		Length of stay in 1b <u>45</u>		c. CITY OR TOWN <u>West Plains</u>		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Memorial Hosp.</u>		Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location) <u>914 W Main</u>		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) <u>Wm Wawil Ball</u>				4. DATE OF DEATH Month <u>2</u> Day <u>11</u> Year <u>60</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH <u>10-18-83</u>	9. AGE (last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>6</u>	IF UNDER 24 HR Hours <u>7</u> Min. <u>6</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Livestock Dealer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>West Plains Mo USA</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Geo Ball</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Nutt</u>		14. NAME OF HUSBAND OR WIFE <u>Orley Ball</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, go on of unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>421</u>		17. INFORMANT <u>Mrs M. G. Ball, West Plains Mo</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral thrombosis</u> DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) <u>10 days</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>	
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. ☐ 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 <u>11:30</u> a.m. <u>59</u> Month, Day, Year <u>2/11/60</u>							
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 <u>11/30/59</u> to <u>2/11/60</u> and last saw him alive on <u>2/10/60</u> Death occurred at <u>6:55 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>M. L. Fowler MD</u> (Degree or title)				22b. ADDRESS <u>West Plains Mo</u>		22c. DATE SIGNED <u>2/16/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>2/13/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn</u>		23d. LOCATION (City, town, or county) (State) <u>West Plains Mo</u>			
24. FUNERAL DIRECTOR <u>Carletons West Plains Mo</u>		ADDRESS		25. DATE RECD. BY LOCAL REG. <u>2-23-1960</u>		26. REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

J. D. Roberts

Licensed Embalmer No. 343

P. O. Address West Hall

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.