pt. Health,
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED VS MAR 1 8 1960

60-011782
STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 89

1. PLACE OF DEATH
a. COUNTY MariOn
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal Mo — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St Elizabeth — Length of stay in 1b 4 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Monroe
c. CITY OR TOWN Paris Mo — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) None — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First David Middle R Last Ball

4. DATE OF DEATH Month March Day 2 nd Year 1960

5. SEX Male
6. COLOR OR RACE White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [X]
8. DATE OF BIRTH Aug 5-1888
9. AGE (In years last birthday) 71 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stneographer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Montgomery City Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Claude R. Ball
13b. MOTHER'S MAIDEN NAME Mary Pickens
14. NAME OF HUSBAND OR WIFE un known

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. 487-30-0208
17. INFORMANT Mrs Mary Robinson Address -Paris Mo

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) Pulmonary embolism
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Thrombosis legs
DUE TO (c) Fractured hip
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
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 28 Feb 1960, to 2 March 1960 and last saw her/him alive on 2 March 1960
Death occurred at 10 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Wyatt Hamlin MD
22b. ADDRESS Hannibal Mo
22c. DATE SIGNED 3/4/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 3/6/60
23c. NAME OF CEMETERY OR CREMATORY Montgomery
23d. LOCATION (City, town, or county) (State) Montgomery MO

24. FUNERAL DIRECTOR ADDRESS C.W. Hopkins Montgomery City Mo
25. DATE RECD. BY LOCAL REG. 3/9/60
26. REGISTRAR'S SIGNATURE Dr. E. M. Lucke by Lillian M. Herman

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

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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 ....On March 1st....., Student Embalmer No. ..... working under my personal supervision.

Student ....C. W. Hopkins.... Signature of Student Embalmer

Signed ....C W Hopkins.....

Licensed Embalmer No. 1487

P. O. Address Maryville City Mo

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.