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|---|--|---|--|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis | | | | Length of stay in 1b | | c. CITY OR TOWN Lebanon | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital | | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) Smith Rd. & Sunset Dr. | |
| 3. NAME OF DECEASED (Type or print) First Middle Last Gilmore Ball | | | | 4. DATE OF DEATH Month Day Year September 12, 1960 | | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH 12/8/1923 | |
| 9. AGE (last birthday) 36 | | IF UNDER 1 YEAR Months Days Hours Min. | | 11. BIRTHPLACE (City and state or country) Stone, Hill, Mo. | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Production Mgr. | | | | 10b. KIND OF BUSINESS OR INDUSTRY Independent Stave co. | | 11. BIRTHPLACE (City and state or country) Stone, Hill, Mo. | |
| 13a. FATHER'S NAME Herbert Ball | | | | 13b. MOTHER'S MAIDEN NAME Vilena Bowers | | 14. NAME OF HUSBAND OR WIFE Jamie Young Ball | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.# 2 | | | | 16. SOCIAL SECURITY NO. 498-36-2682 | | 17. INFORMANT Hazel Ball, Salem, Mo. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) 4200 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) 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"/> N. <input type="checkbox"/> Unknown | | | | | | INTERVAL BETWEEN ONSET AND DEATH 72 hrs 14 months | |
| 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 7/10/59 to 9/12/60 and last saw him alive on 9/12/60 Death occurred at 6:10 pm m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) Tom Chaves MD | | | | 22b. ADDRESS 607 No Grand | | 22c. DATE SIGNED 9/15/60 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE 9-15-60 | | 23c. NAME OF CEMETERY OR CREMATORY Stone Hill Cemetery | | 23d. LOCATION (City, town, or county) Salem, Mo. | |
| 24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe, Inc., 4700 Washington Blvd, | | | | 25. DATE RECD. BY LOCAL REG. SEP 15 1960 | | 26. REGISTRAR'S SIGNATURE Earl Smith, M.D. | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 27 1960

SEP 21 1960

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 Elmer A. Sadew

Licensed Embalmer No. 4079

P. O. Address St Louis

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.