URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 14 1960

-60-037813
STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 371

ENDED

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Jefferson City
Length of stay in 1b:
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 217 Lafayette Street
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Cole
c. CITY OR TOWN: Jefferson City Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 217 Lafayette Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First WILLIAM Middle HENRY Last BALL
4. DATE OF DEATH: Month November Day 5 Year 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 9-23-1870
9. AGE (last birthday): 90
IF UNDER 1 YEAR: Months 1 Days 12 IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired --- Lumber Company
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Huntsville, Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: William Ball
13b. MOTHER'S MAIDEN NAME: Susan (Unknown)
14. NAME OF HUSBAND OR WIFE: Lessie Wallace Ball
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 489-20-2178
17. INFORMANT: Address: Mrs. N.F. Tamm 1221 Lee Street, J.C., 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): arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 1 year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): nephritis & uremia
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 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 10/1/59, to 11/5/60 and last saw ~~her~~ him alive on 11/4/60
Death occurred at 8 60 A m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): N Kanagawa MD
22b. ADDRESS: 515 E High St
22c. DATE SIGNED: 11/6/60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): Rem. & Bur.
23b. DATE: Nov. 7, 1960
23c. NAME OF CEMETERY OR CREMATORY: Oakwood Cemetery
23d. LOCATION (City, town, or county) (State): Macon, Missouri
24. FUNERAL DIRECTOR ADDRESS: Hutton Funeral Home, Macon, Mo.
25. DATE RECD. BY LOCAL REG.: 6 November 1960
26. REGISTRAR'S SIGNATURE: R.P. Harris, MD - N Richter Dep.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Charles L. Hutton

Signature of Student Embalmer

Licensed Embalmer No. 4577

P. O. Address Macon,

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