

# MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

7-61-041794  
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 227 Primary Registration District No. 5804 Registrar's No. 57

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>MONROE</u>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>MO</u> b. COUNTY <u>MONROE</u>                         |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>JACKSON</u>  |   | c. CITY OR TOWN <u>JACKSON TWP.</u>   |  |
| Length of stay in 1b <u>7 YRS</u>  |   | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>3 MI. SE. OF PARIS, MO.</u>  |   | d. STREET ADDRESS (If outside, give location)<br><u>3 MI. SE. OF PARIS, MO.</u>   |  |
| Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><u>BERTHA L L V BALL</u>   |   |   | 4. DATE OF DEATH<br>Month Day Year<br><u>NOV. 22, 1961</u>   |
| 5. SEX<br><u>F</u>   | 6. COLOR OR RACE<br><u>W</u>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>4/11/1886</u>   |
| 9. AGE (last birthday)<br><u>75</u>  |   | IF UNDER 1 YEAR IF UNDER 24 HR<br>Months Days Hours Min.<br><u>7 11 - -</u>   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>HOUSEWIFE</u>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>AT HOME</u>   | 11. BIRTHPLACE (City and state or country)<br><u>MO.</u>   |
| 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>   |   | 13a. FATHER'S NAME<br><u>JAMES T. DARNELL</u>   |  |
| 13b. MOTHER'S MAIDEN NAME<br><u>UNKNOWN</u>  |   | 14. NAME OF HUSBAND OR WIFE<br><u>JESSE O. BALL</u>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>NO</u>   |   | 16. SOCIAL SECURITY NO.<br><u>NONE</u>  | 17. INFORMANT<br><u>J.D. BALL R.F.D.-3 PARIS, MO.</u>  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage</u>   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>30 MIN</u>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____   |   |   |  |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour a.m. p.m.<br>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 <u>Nov 22</u> to <u>Nov 23</u> and last saw her alive on <u>Nov 22-61</u> .<br>Death occurred at <u>12:30 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |  |
| 22a. SIGNATURE (Degree or title)<br><u>[Signature]</u>   |   | 22b. ADDRESS<br><u>PARIS, MO.</u>   | 22c. DATE SIGNED<br><u>11/22/61</u>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>BURIAL</u>   | 23b. DATE<br><u>11/25/1961</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>WALNUT GROVE</u>   | 23d. LOCATION (City, town, or county)<br><u>PARIS, MO.</u>   |
| 24. FUNERAL DIRECTOR<br><u>E.H. AGNEW</u>  | ADDRESS<br><u>PARIS, MO.</u>  | 25. DATE RECD. BY LOCAL REG.<br><u>11-23-61</u>   | 26. REGISTRAR'S SIGNATURE<br><u>J. Q. Barnett M.D.</u>   |

DATE FURNISHED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

**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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*E. H. Agnew*

Licensed Embalmer No. 4000

P. O. Address Paris, 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.