

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-026657

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 120
FILED JUL 31 1962

Primary Registration District No. _____ Registrar's No. 70

VS 300
Rev. 4/59

1 2580
2 20380
3
4 1
5 1
6
7 0
8 2
9 4201
10
11
12 86-0
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY Gentry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gentry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Athens		Length of stay in 1b 10 months	c. CITY OR TOWN Albany
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Plainview Rest Home		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Nettie Elizabeth Ballard			4. DATE OF DEATH Month Day Year July 26 1962
5. SEX Female	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 1-25-1881
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Retired	9. AGE (last birthday) 81
11a. FATHER'S NAME James L. Coffey		11b. MOTHER'S MAIDEN NAME Lea Meadows	11. BIRTHPLACE (City and state or country) Gentry County, Mo.
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		12b. SOCIAL SECURITY NO.	12. CITIZEN OF WHAT COUNTRY U. S. A.
13. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE George Ballard
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Melvin Mann Council Bluffs, Iowa
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis			INTERVAL BETWEEN ONSET AND DEATH Sweden
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)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? 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 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 3/9/61 to 7/26/62 and last saw her 5/18/62 alive on 5/18/62 . Death occurred at 3:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE L. M. Durman, M.D.		(Degree or title)	22b. ADDRESS Albany Mo
22c. DATE SIGNED 7/27/62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 29, 1962	23c. NAME OF CEMETERY OR CREMATORY Jennings	23d. LOCATION (City, town, or county) (State) Gentry County Mo.
24. FUNERAL DIRECTOR Brooks-Cochell Funeral Home		ADDRESS Albany, Mo	25. DATE RECD. BY LOCAL REG. 7-27-62
		26. REGISTRAR'S SIGNATURE Mrs. L. W. Bare	

USE BLACK INK OR TYPEWRITER RIBBON

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 _____ me _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clifford Brooks

Licensed Embalmer No. 3329

P. O. Address Albany, 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.