

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-029156**

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 200

Primary Registration District No. 5731

Registrar's No. 104

**FILED JUL 30 1963**

**1. PLACE OF DEATH**

a. COUNTY

Macon

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Ethel, White Twp

Length of stay in 1b  
21 yrs.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Hi Wy 149 South of Ethel

Inside Limits  
Yes ☐ No ☒

**2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)**

a. STATE Mo.

b. COUNTY Linn

c. CITY OR TOWN Ethel,

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm  
Yes ☐ No ☒

**3. NAME OF DECEASED**  
(Type or print)

First Middle Last  
Roy Harrison Ball Jr.

4. DATE OF DEATH  
Month Day Year  
July 5, 1963

5. SEX

male

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

5-9-1942

9. AGE (last birthday)

21

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.  
1 28

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR INDUSTRY

F. M. Stamper Co.

11. BIRTHPLACE (City and state or country)

Ethel, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Harrison Ball

13b. MOTHER'S MAIDEN NAME

Lucille Biswell

14. NAME OF HUSBAND OR WIFE

Lucia Ball, wife

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
no

16. SOCIAL SECURITY NO.

497-46-2454

17. INFORMANT

Lucia Ball, Bucklin, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Skull fracture + brain injury

INTERVAL BETWEEN ONSET AND DEATH

Sudden

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.

☐ 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.)

Car hit bridge about neck

20c. TIME OF INJURY  
Hour Month, Day, Year  
a.m. p.m. 6:15 7/5/63

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

South Ethel

Macon

Mo

21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_ and last saw her alive on \_\_\_\_\_  
Death occurred at 6:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Howard Shultz M.D. Coroner

22b. ADDRESS

Macon

22c. DATE SIGNED

7/6/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

July 7, 1963

23c. NAME OF CEMETERY OR CREMATORY

Bell Cemetery

23d. LOCATION (City, town, or county)

Ethel,

Missouri

24. FUNERAL DIRECTOR

ADDRESS

Larson Funeral Service, Bucklin, Mo.

25. DATE RECD. BY LOCAL REG.

July 7, 1963

26. REGISTRAR'S SIGNATURE

Ruth M. Neely

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF MEDICAL CERTIFICATION

VS 300  
Rev. 4/59

10610

20520

3

4 0

5 1

6

7 0

8 2

9 X

10

11 061

12 91-3

13 1-0

AUG 1 1963

**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. A. Larson*

Licensed Embalmer No. 4037

P. O. Address Bucklin, 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.