

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-040855

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS SUB

AMENDED

Registration District No.

274

Primary Registration District No.

3052

Registrar's No.

363

STATE FILE NUMBER

FILED NOV 1 1963

1. PLACE OF DEATH

a. COUNTY

Pettis

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

Sedalia

Length of stay in lb

7 years

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

a. STATE Missouri b. COUNTY Pettis

c. CITY  
OR TOWN Sedalia

Inside Limits

Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

801 West Main

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

801 West Main

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

PIETY

Middle

FRANCES

Last

BALLARD

4. DATE  
OF DEATH

Month

October 28, 1963

Day

Year

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

8/6/74

9. AGE (last birthday)

89

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

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

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (City and state or country)

Birmingham, Alabama

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

James Trant

13b. MOTHER'S MAIDEN NAME

Mattie Shira

14. NAME OF HUSBAND OR WIFE

Isaac Ballard

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

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16. SOCIAL SECURITY NO.

none

17. INFORMANT

Mrs. Mattie Broyles, 801 West Main

Sedalia, 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)

Cerebral Thrombosis

INTERVAL BETWEEN  
ONSET AND DEATH

36 hr.

DUE TO (b)

Arteriosclerosis

10 yrs.

DUE TO (c)

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

Cholecystitis &amp; Cholangitis

PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. 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 Month, Day, Year  
a.m. p.m.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 6-12-60 to 10-26-63 and last saw her alive on 10-26-63  
Death occurred at 1:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

D.O.

22b. ADDRESS

814 W. 16th Sedalia, Mo.

22c. DATE SIGNED

10-28-63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Removal &amp; burial 10/30/63

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY  
Bethsadia Cemetery23d. LOCATION (City, town, or county)  
Ida, Louisiana

(State)

24. FUNERAL DIRECTOR

ADDRESS

Sedalia, Mo.

25. DATE RECD. BY LOCAL REG.

Oct. 29, 1963

26. REGISTRAR'S SIGNATURE

Francis Anderson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300  
Rev. 4/59

10808

20808

3

4 1

5 2

6

7 1

8 0

9 332x

10

11

12 90-2

13 1-0

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

*Phane Ewing*

Licensed Embalmer No.

3847

P. O. Address

*Delaware*

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.