

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

16865-027579  
STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. \_\_\_\_\_

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED JUL 19 1965

VS 300  
Rev. 4/59

1 0421  
2 0421  
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4 1  
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7 0  
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9 420-0  
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12 86-0  
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Henry</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Henry</b>		
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>Windsor,</b>		Length of stay in 1b <b>82 yrs</b>		c. CITY OR TOWN <b>Windsor,</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Resthaven Nursing</b>			d. STREET ADDRESS (If outside, give location) <b>206 E. Jackson St.,</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>GERTRUDE Fowler BALL</b>			4. DATE OF DEATH Month <b>July</b> Day <b>5</b> Year <b>1965</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1/26/1883</b>	9. AGE (last birthday) <b>82</b>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>home</b>		11. BIRTHPLACE (City and state or country) <b>Windsor, Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>Richard L. Shadburne</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Garnet Fowler</b>		14. NAME OF HUSBAND OR WIFE <b>Robert E. Ball</b>	
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 Address _____		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Heart Failure</b>					<b>Sudden</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) <b>Arterio sclerotic Heart Disease years</b>					
DUE TO (c) <b>Generalized arteriosclerosis years</b>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease conditions given in PART I (a) <b>Senility</b>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input 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 checked="" 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 <b>Nov. 8, 1963</b> to <b>July 5, 1965</b> and last saw her <sup>her</sup> alive on <b>June 26, 1965</b> Death occurred at <b>3:15 a</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Bernard Beach</i>		(Degree or title)		22b. ADDRESS <b>116 South Main Windsor, Mo</b>	22c. DATE SIGNED <b>7/6/65</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>July 7, 1965</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Laurel Oak Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Windsor, Missouri</b>		
24. FUNERAL DIRECTOR <b>Huston Funeral Home, Windsor, Mo.</b>		ADDRESS	25. DATE RECD. BY LOCAL REG. <b>7-13-65</b>	26. REGISTRAR'S SIGNATURE <i>Mildred Bigums</i>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

01-15-1911

STATE OF MISSISSIPPI  
DEPARTMENT OF HEALTH

TO THE HONORABLE BOARD OF HEALTH  
OF THE CITY OF WINSTON-SALEM, N. C.  
I hereby certify that the body of \_\_\_\_\_  
born \_\_\_\_\_ at \_\_\_\_\_  
and died \_\_\_\_\_ at \_\_\_\_\_  
was embalmed by me, \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.  
Student \_\_\_\_\_  
Signature of Student Embalmer \_\_\_\_\_

**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 Ellis M. Hunt

Licensed Embalmer No. 3391

P. O. Address Winston, 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.