

FILED APR 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12840**

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>167</u>	
1. PLACE OF DEATH a. COUNTY JASPER				2. USUAL RESIDENCE (Where deceased lived. If institutional, residence before admission) a. STATE MISSOURI b. COUNTY JASPER			
b. CITY (If outside corporate limits, write RURAL and give township) JOPLIN <u>U</u> township		c. LENGTH OF STAY (in this place) 3 yr.		c. CITY (If outside corporate limits, write RURAL and give township) JOPLIN			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's				d. STREET ADDRESS (If rural, give location) 1506 Pearl			
3. NAME OF DECEASED (Type or Print) OONA		a. (First) OONA		b. (Middle) A.		c. (Last) BALL	
4. DATE OF DEATH (Month) (Day) (Year) 4 6 49		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Feb. 3, 1888		9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Months 2 Days 3		IF UNDER 24 HRS. Hours 3 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (State or foreign country) Elgin, Illinois /		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Salvasia Saunders		13b. MOTHER'S MAIDEN NAME Eva Brown		14. NAME OF HUSBAND OR WIFE Edd Ball			
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edd Ball Joplin, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonitis left lung ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Tuberculosis DUE TO (c) 602X II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic brain disease (dementia, senility)				INTERVAL BETWEEN ONSET AND DEATH 1 wk.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>4/15/49</u> to <u>4/17/49</u> , that I last saw the deceased alive on <u>4/17</u> , 19 <u>49</u> , and that death occurred at <u>8:45</u> <u>10 48</u> <u>4/7</u> <u>19 49</u> <u>4/7</u> , 19 <u>49</u> , from the causes and on the date stated above.							
23a. SIGNATURE <i>[Signature]</i> (Degree or title)				23b. ADDRESS 420 Byers, Joplin, Missouri		23c. DATE SIGNED 4/8/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4-11-49		24c. NAME OF CEMETERY OR CREMATORY Osborne Cemetery		24d. LOCATION (City, town, or county) (State) Joplin Mo.	
DATE REC'D BY LOCAL REG. 4-11-49		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE Parker-Hunsaker Mortuary, Joplin, Mo.		ADDRESS	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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 this body is not embalmed, fact should be so stated above.