S. No. 300
v. 10.48

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

FILED FEB 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3433

State File No.

BIRTH NO. REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 25

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marshall
c. LENGTH OF STAY (in this place): 15 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Fitzgibbon Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Saline
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marshall 0972
d. STREET ADDRESS (If rural, give location): 470 W. Arrow

3. NAME OF DECEASED (Type or Print)
a. (First): ROBERT
b. (Middle): E.
c. (Last): BALLARD

4. DATE OF DEATH (Month) (Day) (Year): Jan. 30, 1951

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify): Never Married 0

8. DATE OF BIRTH: May 20, 1868

9. AGE (In years last birthday): 82
If under 1 year: Months ---, Days ---
If under 24 hrs.: Hours ---, Min. ---

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

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Kentucky 1

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Woodson Ballard

13b. MOTHER'S MAIDEN NAME: Mary Ellen Dickerson

14. NAME OF HUSBAND OR WIFE: None

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

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME: Clara Meschede
ADDRESS: Marshall, Mo.

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

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage. — INTERVAL BETWEEN ONSET AND DEATH: 4 days.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) — INTERVAL: 3.31 X

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 26 Jan, 1951, *to* 30 Jan, 1951, *that I last saw the deceased alive on* 30 Jan, 19__, *and that death occurred at* 6:15 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. F. Miller, M.D.

23b. ADDRESS: Marshall, Mo.

23c. DATE SIGNED: 1/31/1951

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0

24b. DATE: Feb. 1, 1951

24c. NAME OF CEMETERY OR CREMATORY: Malta Bend Cem.

24d. LOCATION (City, town, or county) (State): Malta Bend Mo.

DATE REC'D BY LOCAL REG.: Jan 31-1951

REGISTRAR'S SIGNATURE: Sidney T. Gray 385

25. FUNERAL DIRECTOR'S SIGNATURE: Harry Hershberger
ADDRESS: Marshall, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 2-5-51
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed 2-5-51

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 _____, working under my personal supervision.

Student Embalmer No. _____

Signed _____
Student Embalmer

Signed Joseph R. Mackler
Licensed Embalmer No. 4571
P. O. Address Marshall, 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.