

FILED MAR 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3132

512

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

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Johnson.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri.</u> b. COUNTY <u>Johnson.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Warrensburg.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Warrensburg.</u>	
c. LENGTH OF STAY (in this place) <u>3yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Martin Hotel.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Warrensburg Hospital.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Fredrick</u>		b. (Middle) <u>Theron</u>	
c. (Last) <u>Ball.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 23, 1951.</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>11, April, 1876</u>
9. AGE (In years last birthday) <u>74</u>	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) <u>retired Farmer.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Stockman</u>	
11. BIRTHPLACE (State or foreign country) <u>Centerview, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Isaac T. Ball.</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Trimble.</u>	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Albert Ball.</u>		ADDRESS <u>Warrensburg, MO.</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crown Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>	
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)		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>Feb 9, 1951</u> , to <u>Feb 23, 1951</u> , that I last saw the deceased alive on <u>Feb 23, 1951</u> , and that death occurred at <u>10³⁰ p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>M.D. Warrensburg, MO</u>	
23c. DATE SIGNED <u>Feb 24 1951</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>25, Feb. 1951.</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Centerview</u>		24d. LOCATION (City, town, or county) (State) <u>Centerview, MO.</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 26 1951</u>		REGISTRAR'S SIGNATURE <u>Savannah Hutchins</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Sweeney Phillips</u>		ADDRESS <u>Warrensburg, MO.</u>	

RECEIVED
MAR 5 1951
JOHNSON COUNTY HEALTH DEPT.

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 _____

R. Q. Phillips

Licensed Embalmer No. 2320

P. O. Address Warrensburg, 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.