

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15607

State File No.

BIRTH NO. 12565 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 569

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY Buchanan		a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph 1117	
c. LENGTH OF STAY (in this place) 8 weeks		d. STREET ADDRESS (If rural, give location) 107 West Valley St. 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) BERT	b. (Middle) ALLEN	c. (Last) BALL	4. DATE OF DEATH (Month) (Day) (Year) 5 25 1952
-------------------------------------	-----------------	-------------------	----------------	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never Married	8. DATE OF BIRTH 3-30-1952	9. AGE (In years last birthday) 17 1/2	IF UNDER 1 YEAR Months 1 Days 25	IF UNDER 24 HRS. Hours Mins.
-------------	------------------------	---	----------------------------	--	----------------------------------	------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY No	11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri C	12. CITIZEN OF WHAT COUNTRY? USA
--	--------------------------------------	--	----------------------------------

13a. FATHER'S NAME Kenneth Ball	13b. MOTHER'S MAIDEN NAME Murl Swogger	14. NAME OF HUSBAND OR WIFE None
---------------------------------	--	----------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Kenneth Ball, 107 W. Valley St.
--	------------------------------	---

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		INTERVAL BETWEEN ONSET AND DEATH Since birth	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Decompensation</u> 77			Since birth
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congenital Ht Disease</u> <u>Truncus Arteriosus</u> 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 <input checked="" type="checkbox"/> NO <input 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) (Minute) 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 4/28, 1952, to 5/25, 1952, that I last saw the deceased alive on 5/25, 1952 and that death occurred at 6:05 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. S. Fuller Jr. M.D.</u>	23b. ADDRESS <u>St. Joseph</u>	23c. DATE SIGNED <u>5/27/52</u>
---	--------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-27-1952	24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
--	---------------------	---	--

DATE REC'D BY LOCAL REG. June 2, 1952	REGISTRAR'S SIGNATURE <u>Carl C. Cady</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles Duff</u>	ADDRESS St. Joseph, Mo.
---------------------------------------	---	--	-------------------------

(Licensed Embalmers' Statement on Reverse Side)

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

107 W. Valley St.

117

JUN 9 1952

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, only

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed John E. Rupp
Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.