

STANDARD CERTIFICATE OF DEATH

27457

State File No.

FILED SEP 12 1952

BIRTH NO. _____ REG. DIST. NO. 60 PRIMARY REG. DIST. NO. 5235 Registrar's No. 3

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

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Cedar</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Cedar</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, S. Benton</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Jerico Springs</u> | |
| c. LENGTH OF STAY (in this place) <u>91</u> | | d. STREET ADDRESS (If rural, give location) <u>0200</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |

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|---|-------------|-----------|--|----|------|
| 3. NAME OF DECEASED (Type or Print) <u>EMMA J. BALLARD</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>8-15-1952</u> | | |
| a. (First) | b. (Middle) | c. (Last) | 8 | 15 | 1952 |

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|--------------------|------------------------------|--|-------------------------------------|--|---------------------------------------|--------------------------------------|-------------------------------------|------------------------------------|
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Wid</u> | 8. DATE OF BIRTH <u>5-1-1873</u> | 9. AGE (in years last birthday) <u>79</u> | IF UNDER 1 YEAR Months <u>3</u> | IF UNDER 1 YEAR Days <u>14</u> | IF UNDER 1 YEAR Hours <u></u> | IF UNDER 1 YEAR Mts. <u></u> |
|--------------------|------------------------------|--|-------------------------------------|--|---------------------------------------|--------------------------------------|-------------------------------------|------------------------------------|

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|---|---|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>housewife</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Coshocton, Ohio</u> | 12. CITIZEN OF WHAT COUNTRY? <u></u> |
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|--|---|---|
| 13a. FATHER'S NAME <u>JAMES JOHNSON</u> | 13b. MOTHER'S MAIDEN NAME <u>Not known</u> | 14. NAME OF HUSBAND OR WIFE <u>Mr. Ballard</u> |
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| 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'S SIGNATURE OR NAME <u>Tom Ballard, Jerico Spgs.</u> | ADDRESS |
|--|-------------------------|---|---------|

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| 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 | | INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of lung</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>lung detects metastases to</u> DUE TO (c) <u>Liver</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cervical Edema</u> | | | |

| | | |
|------------------------|---|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>152X</u> | 20. AUTOPSY? YES <input 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) |
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| | | |
|--|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 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 July 10 1951, to 8-15, 1952, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:00 A.M., from the causes and on the date stated above.

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|--|-------------------|------------------------------------|------------------------------------|
| 23a. SIGNATURE <u>W.B. Amick MD</u> | (Degree or title) | 23b. ADDRESS <u>Jerico Spgs</u> | 23c. DATE SIGNED <u>8-16-52</u> |
|--|-------------------|------------------------------------|------------------------------------|

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|--|-------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 24b. DATE <u>8-17-1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Anna Edna Cbn.</u> | 24d. LOCATION (city, town, or county) (State) <u>Id. Jerico Spgs, Mo</u> |
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|--|---|-------|---|----------------------|
| DATE REC'D BY LOCAL REG. <u>aug 25-52</u> | REGISTRAR'S SIGNATURE <u>Norma Timmerman</u> | 477-1 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>P. Long, Jerico Spgs</u> | ADDRESS <u>Mo</u> |
|--|---|-------|---|----------------------|

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Licensed Embalmer No. 3714

P. O. Address Jervis Spg. Tns

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.