No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 11 1953

State File No. 24062

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 265

1. PLACE OF DEATH
a. COUNTY Callaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fulton
c. LENGTH OF STAY (in this place) 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Boone
c. CITY OR TOWN Hartsburg
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 0100 1

3. NAME OF DECEASED (Type or Print)
a. (First) Frank
b. (Middle) E.
c. (Last) Ball

4. DATE OF DEATH (Month) Aug (Day) 2 (Year) 1953

5. SEX male 0
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married /
8. DATE OF BIRTH Sept 5 1888
9. AGE (In years last birthday) 64 — IF UNDER 1 YEAR Months 8 Days 27 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) R.R. boiler maker
10b. KIND OF BUSINESS OR INDUSTRY Same
11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Kan, /
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Jim Ball
13b. MOTHER'S MAIDEN NAME Mollie Miller
14. NAME OF HUSBAND OR WIFE Dollie Ellen Ball

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown
16. SOCIAL SECURITY NO. unknown
17. INFORMANT'S SIGNATURE OR NAME Mrs Dollie Ball — ADDRESS Hartsburg, 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) Myocarditis (chronic)

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Heat Prostration
DUE TO (c) Senile Dementia

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 9317 46
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) 137 (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* Aug 1, 1953, *to* Aug 2, 1953, *that I last saw the deceased alive on* Aug 2, 1953, *and that death occurred at* 8P. *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) M.D.
23b. ADDRESS State Hospital #1, Fulton, Mo
23c. DATE SIGNED 8/2/1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug. 5-1953
24c. NAME OF CEMETERY OR CREMATORY Mt. Pleasant
24d. LOCATION (City, town, or county) Rural Boone Co (State) Mo

DATE REC'D BY LOCAL REG. Aug. 2-1953
REGISTRAR'S SIGNATURE Maretta [signature] 426
25. FUNERAL DIRECTOR'S SIGNATURE Wm. C. Burnett — ADDRESS Ashland Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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SEP 15 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Wm. L. Burnett

Licensed Embalmer No. 356

P. O. Address Oakland

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.