

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35038

State File No.

FILED OCT 26 1953

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1112

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	
c. LENGTH OF STAY (in this place) <u>31 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>2406 So. 4th St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1006 Dewey Ave.</u>			

3. NAME OF DECEASED (Type or Print) <u>WELCOME JOSEPH BALLARD</u>		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>10 15 1953</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>4-1-1868</u>		9. AGE (In years last birthday) <u>85</u>		10. F UNDER 1 YEAR Months Days	
11. BIRTHPLACE (State or foreign country) <u>Bradford, Pennsylvania</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. F UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work including seasonal work (in green if retired)) <u>Boiler maker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>C.B.&Q. R.R.</u>			

13a. FATHER'S NAME <u>Joseph H. Ballard</u>		13b. MOTHER'S MAIDEN NAME <u>Sophia Langworthy</u>		14. NAME OF HUSBAND OR WIFE <u>Lottie Mae Ballard</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Joseph Ballard</u> City ADDRESS <u>2406 So. 4th</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>Myocardial Insufficiency</u> DUE TO (c) <u>Prostatic hypertrophy</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u> <u>unknown</u> <u>unknown</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4222</u>		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) (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 1/29, 1953 to 10/15, 1953, that I last saw the deceased alive on 9/22, 1953 and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (In green ink) <u>Mary Redmond, M.D.</u>		23b. ADDRESS <u>St. Joseph, Mo.</u>		23c. DATE SIGNED <u>10/17/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-17-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Mound City, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John A. Rupp</u>		ADDRESS <u>St. Joseph, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct 22, 1953</u>		REGISTRAR'S SIGNATURE <u>Arthur M. Allison</u>			

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

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, on by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

John E. Rupp
Licensed Embalmer No. *3986*

P. O. Address _____

H. Joseph M.

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.