

FILED JUN 4 1954

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

15041

State File No. ....

Registrar's No. 314

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>	
1. PLACE OF DEATH a. COUNTY <b>Butler</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Butler</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff</b>		c. LENGTH OF STAY (in this place) <b>6 days</b>	c. CITY OR TOWN <b>Neelyville</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VA Hospital</b>			e. STREET ADDRESS (If rural, give location) <b>Route 1</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>MOSE</b> b. (Middle) <b>E.</b> c. (Last) <b>BALLARD</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 11, 1954</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>October 8, 1922</b>		9. AGE (In years last birthday) <b>31</b> IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Agriculture</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Mississippi</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>NORAH BALLARD</b>		13b. MOTHER'S MAIDEN NAME <b>ALBERTA JOHNSON</b>		14. NAME OF HUSBAND OR WIFE <b>NONE</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW II</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>VA HOSPITAL RECORDS</b> ADDRESS		
<b>MEDICAL CERTIFICATION</b>					
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.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Tuberculous meningitis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Tuberculosis, pulmonary, minimal</b>  DUE TO (c)  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			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) 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 <u>5-5-54</u> , 19 <u>  </u> , to <u>5-11-54</u> , 19 <u>  </u> , <del>and that death occurred at 10:12am., from the causes and on the date stated above.</del>					
23a. SIGNATURE <b>Claude K. Leeper, M.D.</b> (Degree or title)			23b. ADDRESS <b>Columbia, Missouri</b>		23c. DATE SIGNED <b>5-12-54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>5/16/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Neelyville</b>	24d. LOCATION (City, town or county) (State) <b>Neelyville Mo</b>	
DATE REC'D BY LOCAL REG. <b>5/20/54</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b> <b>489</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Gish FUNERAL Home Naylor</b> ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

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

10087 MAY 1960

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**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.....  
Signature of Student Embalmer

Signed *Bryan Mc Cord*.....  
Licensed Embalmer No. *40279*

P. O. Address *May 1960*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.