

FILED OCT 31 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32956

State File No. ....

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 4206 Registrar's No. 90

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY OR TOWN <u>New Hampton</u>		c. CITY OR TOWN <u>New Hampton</u>	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>9 years</u>		e. STREET ADDRESS (If rural, give location) <u>Southwest part of New Hampton</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Blanch</u> c. (Last) <u>Ballard</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>October 25, 1955</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 9, 1891</u>
9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>	IF UNDER 24 HRS. Hours <u>  </u> Min. <u>  </u>
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>Own Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Nebraska (City Unknown)</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>Edward Zerbe</u>		13b. MOTHER'S MAIDEN NAME <u>Thersta Congleton</u>	14. NAME OF HUSBAND OR WIFE <u>Elmer C. 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) <u>X</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs E. H. Fry</u> ADDRESS <u>New Hampton, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Stomach</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Mal. nutrition 1.74X</u> <u>insufficient food intake</u>	
19a. DATE OF OPERATION <u>1935</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Uterus</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 <u>10-24, 1955</u> , to <u>10-25, 1955</u> , that I last saw the deceased alive on <u>10-24, 1955</u> , and that death occurred at <u>12:30 A m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>P. L. Bruen</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>New Hampton Mo</u>	23c. DATE SIGNED <u>10/25/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 26, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mirian Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Bethany, Missouri</u>
DATE REC'D BY LOCAL REG. <u>10/25/55</u>	REGISTRAR'S SIGNATURE <u>Zola Burrier</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Noble &amp; Son</u> ADDRESS <u>New Hampton Mo</u>	

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 William George Noble..... Student Embalmer No. 513..... working under my personal supervision..

Student William George Noble.....  
Signature of Student Embalmer

Signed W. G. Noble.....

Licensed Embalmer No. 2904.....

P. O. Address New Hampton.....

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.