

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10260

State File No. \_\_\_\_\_

FILED APR 9 - 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 4450 Registrar's No. 6010

1. PLACE OF DEATH a. COUNTY <u>RIPLEY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>RIPLEY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DONIPHAN</u>		c. CITY OR TOWN <u>DONIPHAN</u>	
c. LENGTH OF STAY (in this place) <u>12 yrs.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>804 E. Pine St.</u>		e. STREET ADDRESS (If rural, give location) <u>804 E. Pine St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>BETTY</u> b. (Middle) <u>BALLARD</u> c. (Last) <u>BALLARD</u>	4. DATE OF DEATH <u>Feb. 17, 1956</u> (Month) (Day) (Year)
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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>Nov. 15, 1870</u>	9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>1</u>	IF UNDER 24 HRS. Hours <u>1</u> Min.
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>at home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Ripley Co., Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			

13a. FATHER'S NAME <u>Bud Hall</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Hall</u>	14. NAME OF HUSBAND OR WIFE <u>John Ballard, Dec.</u>
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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>Herbert Ballard Doniphan, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic bronchitis</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>arteriosclerotic heart disease</u>		10-year	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>502</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 June, 1954, to 2/17, 1956, that I last saw the deceased alive on 2/16, 1956, and that death occurred at 1:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank Johnson</u> (Degree or title)	23b. ADDRESS <u>Doniphan Mo</u>	23c. DATE SIGNED <u>2/22/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/19/1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Doniphan Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Doniphan, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>3-13-56</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Edwards Funeral Home</u>	ADDRESS <u>Doniphan, Mo</u>
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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 e  
by me, or by ..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Gene Harre*

Licensed Embalmer No. *46*

P. O. Address *Donip*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.