

STANDARD CERTIFICATE OF DEATH

State File No. **16428**

FILED MAY 27 1957

BIRTH NO. _____ REG. DIST. NO. **55** PRIMARY REG. -DIST. -NO. **3011** Registrar's No. **45**

1. PLACE OF DEATH a. COUNTY Carroll.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY Carroll.	
b. CITY (If outside corporate limits, write RURAL and give town) Carrollton.		c. CITY OR TOWN Norborne.	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) One Day.		e. STREET ADDRESS (If rural, give location) North Pine Street.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Staton Hospital.			

3. NAME OF DECEASED (Type or Print) a. (First) Bertha	b. (Middle) Ellen	c. (Last) Newport.	4. DATE OF DEATH (Month) (Day) (Year) May. 20/1957
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married.	8. DATE OF BIRTH May. 30. 1894.	9. AGE (In years less birthday) 62	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work.	10b. KIND OF BUSINESS OR INDUSTRY At Home.	11. BIRTHPLACE (City and State or Foreign Country) Bosworth Missouri.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Robert M. Ball	13b. MOTHER'S MAIDEN NAME Amanda Ellen Ball.	14. NAME OF HUSBAND OR ADDRESS Carroll Newport, Norborne Mo
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Carroll Newport, Norborne Mo	ADDRESS Carroll Newport, Norborne Mo
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mitral insufficiency		INTERVAL BETWEEN ONSET AND DEATH 10 yrs.
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)
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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 19
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22. I hereby certify that I attended the deceased from **May 19 1957** to **May 20, 1957** that I last saw the deceased alive on **May 20, 1957**, and that death occurred at **2:30 pm.** from the causes and on the date stated above.

23a. SIGNATURE B. J. Hamilton, M.D. (Degree or title)	23b. ADDRESS Carrollton, Mo	23c. DATE SIGNED May 24 1957
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 21, 1957	24c. NAME OF CEMETERY OR CREMATORY Fairhaven Cemetery	24d. LOCATION (City, town, or county) (State) Norborne, Missouri
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DATE REC'D BY LOCAL REG. 5/21/57	REGISTRAR'S SIGNATURE Mr. Herbert Calvert	25. FUNERAL DIRECTOR'S SIGNATURE John G. Deitch	ADDRESS Norborne Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

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