

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040909
STATE FILE NUMBER

FILED NOV 18 1958 Registration District No. 257 Primary Registration District No. 5883 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY OSAGE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Osage	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonnots Mill		c. CITY OR TOWN Bonnots Mill	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb 30 yrs	
3. NAME OF DECEASED (Type or print) First Middle Last William Thomas Ball		4. DATE OF DEATH Month Day Year Nov 7, 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar 22, 1869
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rtd Farmer		9b. KIND OF BUSINESS OR INDUSTRY Farming	9c. AGE (In years last birthday) 89
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rtd Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	10c. AGE (In years last birthday) 89
11. BIRTHPLACE (City and state or country) Osage County Missouri		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME James Ball		13b. MOTHER'S MAIDEN NAME Susan Ellen Smith	
14. NAME OF HUSBAND OR WIFE Dora Ball		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT Miss. Violet Ball. Bonnots Mill, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>metastatic Ca. epidermoid primary to lungs.</i>			INTERVAL BETWEEN ONSET AND DEATH 5 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Method Struck</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>Jan - 1956</i> to <i>Nov. 7, 1958</i> and last saw ^{her} him alive on <i>Oct. 9, 1958</i> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>L. B. Klebler M.D.</i>		22b. ADDRESS <i>Jefferson City, Mo</i>	
22c. DATE SIGNED <i>11-7-58</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>Nov 10, 1958</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Bonnots Mill, Mo.</i>		23d. LOCATION (City, town, or County) (State) <i>Bonnots Mill, Mo.</i>	
24. FUNERAL DIRECTOR'S ADDRESS <i>Mortons Service . Box 255, Linn, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>Nov. 11 1958</i>	
26. REGISTRAR'S SIGNATURE <i>Mrs. T. A. Dubrouillet</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Herman M. Morton*

Licensed Embalmer No. *4125*

P. O. Address *Lincoln Me*

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.