

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-041117

STATE FILE NUMBER

FILED NOV 25 1958

Registration District No. 297

Primary Registration District No. 3057

Registrar's No. 122

1-300 4
1-57

1. PLACE OF DEATH a. COUNTY RAY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY RAY	
b. CITY OR TOWN RICHMOND	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN HARDIN	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CLEMENS REST HOME	Length of stay in 1b 2 weeks	d. STREET ADDRESS (If outside, give location) R.F.O.2	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First JOHN Middle WILLIAM Last BALLARD SR.			4. DATE OF DEATH Month Nov. Day 14 Year 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH DEC. 13, 1868	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and state or country) CARROLL COUNTY Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME JOHN W. BALLARD		13b. MOTHER'S MAIDEN NAME MARGARET RUSSELL		14. NAME OF HUSBAND OR WIFE RUBY LEE BALLARD	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. unknown	17. INFORMANT MARGUERITE BALLARD - HARDIN, Mo. Address		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 6 hrs
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)		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.) 332X	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT WORK <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 Nov-1-1956 to Nov 14-1958 and last saw him alive on 11-14-58 . Death occurred at 2:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.	22a. SIGNATURE E. E. Jay M.D. (Degree or title)	22b. ADDRESS Richmond Mo.	22c. DATE SIGNED 11-16-58
---	--	----------------------------------	----------------------------------

23a. BURIAL, CREMATION, or other disposal (Specify) Burial	23b. DATE 11-16-58	23c. NAME OF CEMETERY OR CREMATORY LIBERTY CEM.	23d. LOCATION (City, town, or county) (State) RAY COUNTY Mo.
24. FUNERAL DIRECTOR Kniess & Co. Bereaving - HARDIN, Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. 11-19-1958	26. REGISTRAR'S SIGNATURE mauel jackson

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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... *August Borcharding*

Licensed Embalmer No. *4678*

P. O. Address *Hardin, Mo.*

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.