

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-012136

STATE FILE NUMBER

FILED APR 7 1959

Registration District No. 378

Primary Registration District No. 4552

Registrar's No. 15

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Wright</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Wright</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Mountain Grove</b>		c. CITY OR TOWN <b>Mountain Grove</b> <b>1141</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Mtn. Grove Rest Home</b>		d. STREET ADDRESS (If outside, give location) <b>North Star Route</b>	
3. NAME OF DECEASED (Type or print) First <b>John</b> Middle <b>Calvin</b> Last <b>Ballard</b>		4. DATE OF DEATH Month <b>March</b> Day <b>27</b> Year <b>1959</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>October 21, 1867</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer (retired)</b>		11. BIRTHPLACE (City and state or country) <b>Illinois</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Bennett M. Ballard</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Green</b>	14. NAME OF HUSBAND OR WIFE <b>Mary Mallissa Wilson Ballard</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO.	17. INFORMANT <b>Walter Ballard</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Atherosclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		<b>4500</b>	
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 _____ a.m. _____ p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>Jan. 1957</b> to <b>Mar. 27-1959</b> and last saw him alive on <b>Mar. 26-1959</b> Death occurred at <b>9:00 A. m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>Walter Ballard</b> (Degree or title)	
22b. ADDRESS <b>Mtn. Grove Mo.</b>		22c. DATE SIGNED <b>3-28-59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>3/30/1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Number One Cemetery</b>	23d. LOCATION (City, town, or country) (State) <b>Texas County, Missouri</b>
24. FUNERAL DIRECTOR <b>Barber Funeral Home</b> ADDRESS <b>Mtn. Grove, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>4-2-1959</b> REGISTRAR'S SIGNATURE <b>Bernice R. Silverman</b>	

Date Filed  
4-C-57

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 *George Stapp* .....

Licensed Embalmer No. *3161* .....

P. O. Address *Mtn. View, W.*

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.