

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012274

STATE FILE NUMBER

FILED APR 27 1959

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 188

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>St. Joseph</u> <u>0117</u> 0
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>University Medical Center</u>		Length of stay in lb <u>21 days</u>	d. STREET ADDRESS (If outside, give location) <u>1615 North 20</u>
3. NAME OF DECEASED (Type or print) First <u>Ivan</u> Middle <u>J.</u> Last <u>Ball</u>		4. DATE OF DEATH Month <u>4</u> Day <u>20</u> Year <u>59</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>10-13-25</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hog Kill</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Swifts Packing Co.</u>	9. AGE (In years last birthday) <u>34</u>
13a. FATHER'S NAME <u>Clarence Ball</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Heitman</u>	14. NAME OF HUSBAND OR WIFE <u>Gladys M. Ball</u>
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. <u>493-18-3467</u>	17. INFORMANT <u>Hospital Chart</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Insufficiency</u> DUE TO (b) <u>Arteriosclerosis + Insufficiency</u> DUE TO (c) <u>Rheumatic Heart Disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>Minutes</u> <u>? 5 years.</u> <u>unknown</u>
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. 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 <u>Feb 1958</u> to <u>April 20, 1959</u> and last saw <u>him</u> alive on <u>April 24, 1959</u> . Death occurred at <u>11:30 pm</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Dr. B. Sparks, M.D.</u>		22b. ADDRESS <u>University Hospital, Columbia, Mo.</u>	22c. DATE SIGNED <u>4-23-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>4-23-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St Joseph</u>
24. FUNERAL DIRECTOR <u>John E. Rupp</u>		25. DATE RECD. BY LOCAL REG. <u>April 23 1959</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. R. E. Palmer</u>

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 *John E. Rupp*

Licensed Embalmer No. *3986*

P. O. Address *St. Joseph*

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.