

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-015935

FILED VS APR 22 1960

STATE FILE NUMBER

Registration District No. 167 Primary Registration District No. 4256 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Holden</u>		Length of stay in 1b <u>60 yrs</u>	c. CITY OR TOWN <u>Holden</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Downtown store</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>3rd &amp; Olive Sts</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>HOMER</u> Middle <u>B.</u> Last <u>BALL, Sr</u>			4. DATE OF DEATH Month <u>April</u> Day <u>9</u> Year <u>1960</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>11/6/1899</u>	9. AGE (last birthday) <u>60</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>3</u>
IF UNDER 24 HR Hours <u></u> Min. <u></u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pharmacist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own drug store</u>	11. BIRTHPLACE (City and state or country) <u>Holden, Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Frank Ball</u>		13b. MOTHER'S MAIDEN NAME <u>Etta Graves</u>		14. NAME OF HUSBAND OR WIFE <u>Etta May Ball</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WW #1</u>		16. SOCIAL SECURITY NO. <u>495-36-7188</u>	17. INFORMANT Address <u>Homer B. Ball Jr., Holden, Missouri</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 Thrombosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
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)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 _____ a.m. _____ p.m. Month, Day, Year _____	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 <u>March 1959</u> to <u>April 1960</u> and last saw him alive on <u>April 8 1960</u> Death occurred at <u>1:30 PM 4-9-1960</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Kelly Rawlins M.D. Coronel Johnson</u>			22b. ADDRESS <u>Holden 9th</u>		22c. DATE SIGNED <u>4-12-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>4/11/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Holden Cemetery</u>	23d. LOCATION (City, town, or county) <u>Holden, Missouri</u>	(State)	
24. FUNERAL DIRECTOR <u>Canaday &amp; Ropp, Holden, Missouri</u>		ADDRESS	25. DATE RECD. BY LOCAL REG. <u>4-12-60</u>	26. REGISTRAR'S SIGNATURE <u>Bernie Rose - Reg.</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *M. J. Quadey*

Licensed Embalmer No. 3434

P. O. Address Holden, Misso

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.

APR 26 1960

MAY 5 1960

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