

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**62-000064**

STATE FILE NUMBER

AMENDED

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 3

**FILED JAN 15 1962**

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Audrain</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Mexico</b>		Length of stay in 1b Years		c. CITY OR TOWN <b>Mexico</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Audrain County Hospital</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>Alamo Hotel</b>		
3. NAME OF DECEASED (Type or print) First <b>Russell</b> Middle <b>Ball</b> Last <b>Ball</b>				4. DATE OF DEATH Month <b>January</b> Day <b>10</b> Year <b>1962</b>				
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Cauc..</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>6-10-1894</b>		
9. AGE (last birthday) <b>67</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Barber</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Barber Shop</b>		11. BIRTHPLACE (City and state or country) <b>Paris, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Robert Ball</b>			13b. MOTHER'S MAIDEN NAME <b>Mildred</b>			14. NAME OF HUSBAND OR WIFE <b>Mrs. Dora Ball</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. [REDACTED]		17. INFORMANT <b>Alamo Hotel</b> <b>Mrs. Dora Ball Mexico, Missouri</b>			
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial infarction</b> <b>Coronary atherosclerosis</b>							INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b> <b>1 year</b>	
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 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 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 <b>Jan 3 1961</b> to <b>Jan 10 1962</b> and last saw him alive on <b>Jan 9 1962</b> Death occurred at <b>8 am</b> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>[Signature]</i> (Degree or title)					22b. ADDRESS <b>9445 S. 1st St</b>		22c. DATE SIGNED <b>1/10/62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>1-12-1962</b>		23c. NAME OF CEMETERY OR CREMATORY <b>East Lawn Memorial Park</b>		23d. LOCATION (City, town, or county) (State) <b>Mexico, Missouri</b>		
24. FUNERAL DIRECTOR <b>Arnold Funeral Home Mexico, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>JANUARY 11-1962</b>		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>		

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 ITEM NO. SHOULD READ  
 BY AFFIDAVIT OF DOCUMENT  
 MEDICAL CERTIFICATION  
 L.A. GARCIA M.D.

JAN 17 1962

**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 Richard J. McDonald

Licensed Embalmer No. 4825

P. O. Address Meriden

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.