

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-018731

STATE FILE NUMBER

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 103

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1007

20720

3

4 0

5 0

6

7 0

8 0

9762.0

10

11

12 1-0

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived: If institution: Residence before admission)	
a. COUNTY SCOTT		a. STATE MISSOURI b. COUNTY NEW MADRID	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SIKESTON		Length of stay in 1b 1 1/2 hrs.	c. CITY OR TOWN PARMA
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MO. DELTA COMMUNITY HOSP.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) PARMA
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH
First ROBERT Middle DALE Last BALLARD			Month 3 Day 27 Year 63
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-27-63
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NEWBORN		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) NB
11. BIRTHPLACE (City and state or country) SIKESTON, MISSOURI		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME EDGAR LEE BALLARD		13b. MOTHER'S MAIDEN NAME CATHERINE MILDRED SEETS	
14. NAME OF HUSBAND OR WIFE -----		17. INFORMANT MOTHER, CATHERINE MILDRED BALLARD	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary atelectasis			INTERVAL BETWEEN ONSET AND DEATH
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 3-27-63 to 3-27-63 and last saw ^{her} him alive on 3-27-63 Death occurred at 12:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>R. Comen M.D.</i>		22b. ADDRESS <i>Bexter Ma</i>	22c. DATE SIGNED <i>4/19/63</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE Mar. 28, 1963	23c. NAME OF CEMETERY OR CREMATORY parma cemetery
24. FUNERAL DIRECTOR Watkins and sons Parma, Mo.		23d. LOCATION (City, town, or county) (State) Parma, Missouri	25. DATE RECD. BY LOCAL REG. <i>April 17 1963</i>
26. REGISTRAR'S SIGNATURE <i>Jeanette Waldman</i>			

USE BLACK INK OR TYPEWRITER RIBBON

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.

No permit required