

FILED AUG 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26396

BIRTH NO. _____ REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 5237 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY Cedar		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Hickory	
b. CITY OR TOWN Rural - Cedar township		c. CITY OR TOWN Weaubleau	
c. LENGTH OF STAY (in this place) 2		d. STREET ADDRESS (If rural, give location) /	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1/2 South Cedar Springs, Mo.			

3. NAME OF DECEASED (Type or Print) a. (First) VERNIE b. (Middle) ELVIN c. (Last) KETCHUM			4. DATE OF DEATH (Month) (Day) (Year) Aug. 11 - 1949		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Oct. 8 - 1904	9. AGE (In years last birthday) 44	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Hickory Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Thomas J. Ketchum	13b. MOTHER'S MAIDEN NAME Maude E. Elkins	14. NAME OF HUSBAND OR WIFE
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. 500-10-6879	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS T. Ketchum Weaubleau

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH E 8234 32
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed Chest + Broken neck.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hy 54	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Cedar, Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (P.M. or A.M.) Aug. 11, 1949 11:30	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Automobile accident

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) T. Ketchum, Owner	23b. ADDRESS Eldorado Springs, Mo.	23c. DATE SIGNED 8-16-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 14 - 1949	24c. NAME OF CEMETERY OR CREMATORY Mt. Zion
		24d. LOCATION (City, town, or county) (State) Hickory Co., Mo.

DATE REC'D BY LOCAL REG. Aug. 17, 1949	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS [Signature] Humansville, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed

James E. Hackleman

Licensed Embalmer No. *4573*

P. O. Address *E. D. Bradburn*

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 this body is not embalmed, fact should be so stated above.