

FILED NOV 17 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37609**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **3026** Registrar's No. **830**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Independence</b> )		c. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Independence</b> )	
c. LENGTH OF STAY (in this place) <b>39 Yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>508 East Lexington</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>508 East Lexington</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>GEORGE</b> b. (Middle) <b>RILEY</b> c. (Last) <b>KETCHUM</b>			4. DATE OF DEATH (Month) <b>Oct.</b> (Day) <b>23</b> (Year) <b>1949</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug. 27, 1870</b>	9. AGE (In years last birthday) <b>79</b> IF UNDER 1 YEAR Months <b>1</b> Days <b>26</b> IF UNDER 6 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>General Repairman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Shoe Repair</b>	11. BIRTHPLACE (State or foreign country) <b>Platte County, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>				

13a. FATHER'S NAME <b>Albert Ketchum</b>		13b. MOTHER'S MAIDEN NAME <b>?</b>		14. NAME OF HUSBAND OR WIFE <b>Jones Mrs. Martha Ketchum</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. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Martha Ketchum, Independence, Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Terminal uremia</b>		ANTECEDENT CAUSES DUE TO (b) <b>Coronary sclerosis &amp; myocardial infarction</b>		DUE TO (c) <b>yes</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>4201</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **10/12**, 19 **49**, to **10/23**, 19 **49**, that I last saw the deceased alive on **10/22**, 19 **49**, and that death occurred at **11:17 AM** from the causes and on the date stated above.

23a. SIGNATURE <b>Vance E. Link, M.D.</b> (Degree or title)		23b. ADDRESS <b>129 W Lexington Independence, Mo</b>		23c. DATE SIGNED <b>10/26/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10/26/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mound Grove Cemetery</b>	
24d. LOCATION (City, town, or county) <b>Jackson County, Missouri</b>		24e. (State) _____			
DATE REC'D BY LOCAL REG. <b>Oct. 26-1949</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b> <b>354</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Roland R. Speaks, Independence, Mo.</b>	

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

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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 Stanley M. Sexton

Licensed Embalmer No. 4504

P. O. Address Independence, Missouri

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.