No. 300
10-48

FILED MAY 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16134

State File No.

BIRTH NO. REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4098 Registrar's No. 67

1. PLACE OF DEATH
a. COUNTY: Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Belton
c. LENGTH OF STAY (In this place): 83 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 627 N. Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cass
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Belton 0190
d. STREET ADDRESS (If rural, give location): 627 N. Ave. 0

3. NAME OF DECEASED (Type or Print)
a. (First): Laura
b. (Middle): P.
c. (Last): Ketteman

4. DATE OF DEATH (Month) May (Day) 10, (Year) 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Mar. 19, 1856
9. AGE (In years last birthday): 94 — IF UNDER 1 YEAR: Months 1, Days 21 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Oliver Peters
13b. MOTHER'S MAIDEN NAME: Mary Nichols
14. NAME OF HUSBAND OR WIFE: Gabriel Ketteman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Charles Ketteman, Beltom, Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) SENILITY — INTERVAL BETWEEN ONSET AND DEATH: 4 + YRS.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) ADVANCED AGE

DUE TO (c) — 794X

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* CACHEXIA, SEVERE — 2 YRS.

19a. DATE OF OPERATION: NONE
19b. MAJOR FINDINGS OF OPERATION: NONE
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): NONE
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) BELTON, (COUNTY) CASS, (STATE) Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* MAY 1, 19 48, *to* MAY 10, 19 50, *that I last saw the deceased alive on* MAY 9, 19 50, *and that death occurred at* 6:50 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Herbert A. Tracy (Degree or title) M.D.
23b. ADDRESS: BELTON, Mo.
23c. DATE SIGNED: MAY 11, 1950

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 12, '50
24c. NAME OF CEMETERY OR CREMATORY: Raymore
24d. LOCATION (City, town, or county) (State): Raymore, Missouri

DATE REC'D BY LOCAL REG.: May 13, 1950
REGISTRAR'S SIGNATURE: Laura J. Jones 51
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: E. K. George and Sons, Belton, Mo.
(Licensed Embalmer's Statement on Reverse Side) E. K. George

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 A. K. Geory V

Licensed Embalmer No. 3645

P. O. Address Grandview, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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