S. No. 300
. 10-48

FILED DEC 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36622

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 158

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

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Washington
c. LENGTH OF STAY (in this place): 3 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Francis Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Warren
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Charrette 1090
d. STREET ADDRESS (If rural, give location): 2 miles S. E. Dutzow, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): Albert
b. (Middle): Fred
c. (Last): Kettler

4. DATE OF DEATH (Month) (Day) (Year): 11/13/50

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: 12/4/1896
9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): St. Charles County, Mo.
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Frank Kettler
13b. MOTHER'S MAIDEN NAME: Mathilda Struckhoff
14. NAME OF HUSBAND OR WIFE: None

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.: None
17. INFORMANT'S SIGNATURE OR NAME: Thibla Kettler Marthasville
ADDRESS: 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) Chronic cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH: 6 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rheumatic heart disease — ? years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none 416X

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

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) 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* 26 June, 1950, *to* 13 Nov, 1950, *that I last saw the deceased alive on* 12 Nov, 1950, *and that death occurred at* 2:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Raymond J. Bozzo, M.D.
23b. ADDRESS: Washington, Mo.
23c. DATE SIGNED: 14 Nov 50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/16/50
24c. NAME OF CEMETERY OR CREMATORY: St. Vincents
24d. LOCATION (City, town, or county) (State): Dutzow Missouri

DATE REC'D BY LOCAL REG.: Nov. 14, 1950
REGISTRAR'S SIGNATURE: [signature] 99 0
25. FUNERAL DIRECTOR'S SIGNATURE: Delmer F. Lichtenberg
ADDRESS: Marthasville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
NOV 20 1950
DISTRICT HEALTH OFFICE No. 4
File No. .....

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 .....

working under my personal supervision.

Student Embalmer No. .....

Signed Delmont F. Lichtenberg

Signed .....
Student Embalmer

Licensed Embalmer No. 4318

P. O. Address Marthasville, Mo.

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.