

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27439**  
Registrar's No. **142**

FILED SEP 12 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **155** PRIMARY REG. DIST. NO. **5879**

1. PLACE OF DEATH a. COUNTY <b>Jasper</b> <b>0490</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Purcell Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Webb City, Missouri</b> <b>0490</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1 Mile South of Purcell Mo.</b>		d. STREET ADDRESS (If rural, give location) <b>807 East Tracy St.</b> <b>D</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Kenneth</b>	b. (Middle) <b>Edward</b>	c. (Last) <b>Ketron</b>	4. DATE OF DEATH (Month) (Day) (Year)	<b>Sept. 1 1951</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Dec. 24, 1941</b>	9. AGE (In years last birthday) <b>9</b>	IF UNDER 1 YEAR Months <b>8</b> Days <b>11</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Student</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Carthage, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Paul E. Ketron</b>	13b. MOTHER'S MAIDEN NAME <b>Bessie Barker</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Paul E. Ketron</b>	ADDRESS <b>Webb City, Mo.</b>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>accidental drowning</b>		
	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. <b>signal for coroner</b>		<b>89298 42</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>0477</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <b>1 mi S of Purcell Mo</b>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <b>Rural Jasper Co. Jasper Mo.</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Sept 1 - 1951 5p. m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Slipped in deep hole in Spring</b>
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22. I hereby certify that I attended the deceased from **Sept 1, 1951** to **Sept 1, 1951**, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **4 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>W.D. Daugherty</b>	23b. ADDRESS <b>Webb City, Missouri</b>	23c. DATE SIGNED <b>Sept. 3/51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Sept 5/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Park Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Carthage, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Sept 4 - 51</b>	REGISTRAR'S SIGNATURE <b>J.L. Stritch</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Johnston Arnce Simpson</b>	ADDRESS <b>Mortuary Webb City, Missouri</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 9-11-51  
Jasper County Health Office  
County File Number 51/9/716  
Date Filed 9-11-51

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 Howey E. Bruce

Licensed Embalmer No. 4463

P. O. Address Well City, 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.