

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

FILED OCT 22 1951

STANDARD CERTIFICATE OF DEATH

State File No. 86161

BIRTH NO. REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 162

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Vernon</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Town Nevada</b>	c. LENGTH OF STAY (in this place) <b>Lifetime</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR <b>Nevada</b> <b>1082</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Tate's Nursing Home</b>		d. STREET ADDRESS (If rural, give location) <b>509 South Tower</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Ella</b>	b. (Middle) <b>Belle</b>	c. (Last) <b>Ketterman</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>October 2 1951</b>
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5. SEX <b>Fm</b>	6. COLOR OR RACE <b>Wh</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>August 22, 1874</b>	9. AGE (In years last birthday) <b>77</b>	# UNDER 1 YEAR Months Days	# UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE <b>Solomon Lee Ketterman</b>
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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 <b>Lewis L. Ketterman</b>	ADDRESS <b>Hutchinson, Kans</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>6 hours</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Circulatory collapse (Shock) due to fracture of right femur</b>		<b>?</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Senile dementia</b>		<b>?</b>
DUE TO (c) <b>Arteriosclerosis generalized</b>		<b>?</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Marked Rheumatoid Arthritis</b>		<b>?</b>	

19a. DATE OF OPERATION <b>✓</b>	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) <b>accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Tate's Nursing Home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Nevada Vernon MO</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>10-2-51 9:30a.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>accidentally fell</b>
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22. I hereby certify that I attended the deceased from **10-1, 1951**, to **10-2, 1951**, that I last saw the deceased alive on **10-2, 1951**, and that death occurred at **3:30a.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Thomas S. Hopkins, M.D.</b>	(Degree or title)	23b. ADDRESS <b>Nevada MO.</b>	23c. DATE SIGNED <b>10-5-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Oct. 4, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Newton Burial Park</b>	24d. LOCATION (City, town, or county) (State) <b>Nevada Missouri</b>
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DATE REC'D BY LOCAL REG. <b>10-8-1951</b>	REGISTRAR'S SIGNATURE <b>Anna E. Ferry</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Ferry Funeral Home</b>	ADDRESS <b>Nevada Missouri</b>
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DIVISION OF HEALTH OF MD.  
District No. 5 - Springfield

RECEIVED

OCT 15 1951

Dist. File 4424-1812

Date Filed 10-19-51

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed L. B. Jones .....

Licensed Embalmer No. 1760

P. O. Address Therrell 400

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.