

No. 300  
10.46-

FILED DEC 18 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40674

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 4049 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u> <u>0100</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Centralia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Centralia</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Way Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>330 South Hickman</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ISABELLE</u>	b. (Middle) <u>JANE</u>	c. (Last) <u>KETCHUM</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 8, 1951</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W1 DO WED</u> <u>2</u>	8. DATE OF BIRTH <u>3-16-1875</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>22</u>	IF 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) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Homemaker</u>	11. BIRTHPLACE (State or foreign country) <u>Indianola, Iowa</u> <u>1</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John C. Baker</u>	13b. MOTHER'S MAIDEN NAME <u>Susan E. Clark</u>	14. NAME OF HUSBAND OR WIFE <u>John M. Ketchum</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>NONE</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Joe D. Cook</u>	ADDRESS <u>Columbia, Missouri</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Colon</u>		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>153X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>Centralia</u> <u>Boone</u> <u>Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Sept. 26, 1951, to Dec. 4, 1951, that I last saw the deceased alive on Dec 4, 1951, and that death occurred at 7:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. E. Edmondson</u>	23b. ADDRESS <u>M.D. Centralia, Mo.</u>	23c. DATE SIGNED <u>Dec 11, 51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-10-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Centralia Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Centralia, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Dec 9th 1951</u>	REGISTRAR'S SIGNATURE <u>Maud McBride</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bill H. Meador</u>	ADDRESS <u>Centralia, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED DEC 17 1951

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed DEC 17 1951

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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 \_\_\_\_\_

Bill J. Meador

working under my personal supervision.

Student Embalmer No. 406

Signed Bill J. Meador  
Student Embalmer

Signed Lois M. Meador

Licensed Embalmer No. 4855

P. O. Address Centralia, Miss

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.