

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21190**

FILED JUN 30 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **195**

0644

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

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Marion</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hannibal</b>		c. LENGTH OF STAY (in this place) <b>3 weeks</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Levering</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hannibal</b>	
		d. STREET ADDRESS (If rural, give location) <b>521 Olive</b>	

3. NAME OF DECEASED (Type or Print) <b>Julius Albert Ketterer</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 19, 1952</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>January 4, 1877</b>	9. AGE (In years last birthday) <b>75</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>15</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Sand Cutter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Duffy Trowbridge</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>					

13a. FATHER'S NAME <b>Frank Xerxes Ketterer</b>		13b. MOTHER'S MAIDEN NAME <b>Fredericka</b>		14. NAME OF HUSBAND OR WIFE <b>Ora Alvis Ketterer</b>	
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>one 490 07 8210 A</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Norman Ketterer Hannibal Missouri</b>	

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>3 week</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinomatous</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Ce of Base</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 <b>153x</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Hannibal Marion Mo.</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **6-1-52**, 19\_\_, to **6-19-52**, 19\_\_, that I last saw the deceased alive on **6/19/52**, 19\_\_, and that death occurred at **2:20 Am.**, from the causes and on the date stated above.

23. SIGNATURE <b>H. H. Schuchman M. D.</b> (Degree or title)	23b. ADDRESS <b>508 Bealman Hannibal</b>	23c. DATE SIGNED <b>6/19/52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Buried</b>	24b. DATE <b>6/19/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mount Olivet</b>
24d. LOCATION (City, town, or county) (State) <b>Hannibal Missouri</b>		

DATE REC'D BY LOCAL REG. <b>6/24/52</b>	REGISTRAR'S SIGNATURE <b>W. C. Fisher</b>	FUNERAL DIRECTOR'S SIGNATURE <b>W. C. Fisher</b>	ADDRESS <b>Hannibal Misst</b>
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JUN 21 1952

RECEIVED

DEPARTMENT OF HEALTH

DATE FILED

JUN 21 1952

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

*John S. Spand*

Licensed Embalmer No. 4540

P. O. Address Hannibal Missouri

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.