

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **27211**Registrar's No. **908**

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 908	
1. PLACE OF DEATH a. COUNTY Buchanan <i>0117</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan <i>0117</i>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 25 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph <i>0</i>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Meth. Hospital				d. STREET ADDRESS (If rural, give location) 803 Vine St.			
3. NAME OF DECEASED (Type or Print) LETHA		a. (First)		b. (Middle) ROSETTA		c. (Last) KETCHUM	
4. DATE OF DEATH Aug 24 1952		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Dec. 27 1890		9. AGE (In years last birthday) 61		10. IF UNDER 1 YEAR Months _____ Days _____		11. IF UNDER 10 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework				10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (State or foreign country) Davis City Iowa <i>/</i>	
12. CITIZEN OF WHAT COUNTRY? U S A							
13a. FATHER'S NAME William H. Jennings		13b. MOTHER'S MAIDEN NAME Rhoda Adair		14. NAME OF HUSBAND OR WIFE Oliver J. Ketchum			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME Mr. Oliver J. Ketchum			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis 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 4201	
19c. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		20. DATE OF OPERATION Aug 24 1952		21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Joseph Missouri		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) Aug 24 1952 1:45 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Heart attack	
22. I hereby certify that I attended the deceased from 8-23 , 19 52 , to 8-24 , 19 52 that I last saw the deceased alive on 8-24 , 19 52 , and that death occurred at 1:45 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE <i>Wm H. Jennings</i>		(Degree or title) MO		23b. ADDRESS Tootle Building, St. Joseph, Mo.		23c. DATE SIGNED 8-26-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 28 1952		24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) St. Joseph Missouri	
DATE REC'D BY LOCAL REG. Sept. 2, 1952		REGISTRAR'S SIGNATURE <i>Carl C. Casey</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Henry Manuel Stone</i>		ADDRESS St. Joseph Mo.	

(Licensed Embalmers' Statement on Reverse Side)

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

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.....

Charles E. Bennett

Licensed Embalmer No. *11677*

P. O. Address.....

St Joseph 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.