

FILED OCT 14 1953

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **31248**

BIRTH NO. 59089 REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 4107 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY <u>Cedar</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>El Dorado Springs</u>		c. LENGTH OF STAY (in this place) <u>7 days</u>	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>El Dorado Springs</u>		0201
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chambers Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>Nighttown St.</u>		
3. NAME OF DECEASED a. (First) <u>Kathryn</u> b. (Middle) <u>Lea</u> c. (Last) <u>Ketterman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 2, 1953</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Sept. 25, 1953</u>		9. AGE (In years last birthday) Months Days Hours Mins. <u>7</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>El Dorado Springs, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>C. H. Ketterman</u>		13b. MOTHER'S MAIDEN NAME <u>Reba Jean Robinson</u>	
14. NAME OF HUSBAND OR WIFE <u>-</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>-</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>C. H. Ketterman, R. 1, El Dorado Springs, Mo.</u>					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity.</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) _____				INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>776X</u>			
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.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <u>25 Sept, 1953</u> , to <u>2 Oct, 1953</u> , that I last saw the deceased alive on <u>2 Oct</u> , 1953, and that death occurred at <u>10:00 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Dr. Will. M. ...</u>			23b. ADDRESS <u>96 El Dorado Springs, Mo.</u>		23c. DATE SIGNED <u>30 Oct 53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 3, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Pleasant</u>		24d. LOCATION (City, town, or county) (State) <u>Verona Co. Missouri</u>	
DATE REC'D BY LOCAL REG. <u>OCT. 5, 1953</u>	REGISTRAR'S SIGNATURE <u>W. W. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Deputy ... - ... El Dorado Springs, Mo.</u>		

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

0201
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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 _____

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Floyd E. Carsthus

Licensed Embalmer No. 4419

P. O. Address Quade Spring

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.