

FILED AUG 16 1954

STANDARD CERTIFICATE OF DEATH

28400

State File No.

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 314

Registrar's No. 195

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

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits, give RURAL and give township) OR TOWN <u>Maryville</u>		c. CITY OR TOWN <u>Graham</u>	
c. LENGTH OF STAY (in this place) <u>3 weeks</u>		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Francis Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>0740</u>	
3. NAME OF DECEASED a. (First) <u>Frank</u> b. (Middle) <u>N.</u> c. (Last) <u>Ketterling</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8-7-1954</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>2-24-1876</u>
9. AGE (In years last birthday) <u>78</u>		10. IF UNDER 1 YEAR Months _____ Days _____	11. IF UNDER 10 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Henry Ketterling</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Norman</u>	
14. NAME OF HUSBAND OR WIFE <u>Zula Long Ketterling</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>unknown</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Frank Ketterling</u>		ADDRESS <u>Graham-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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Nephritis</u> DUE TO (c) <u>Carcinoma of bladder</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>7/28/54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of bladder 5.92 x 4</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) (Minute)		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>July 19, 1954</u> , to <u>Aug 7, 1954</u> , that I last saw the deceased alive on <u>8-7-1954</u> , and that death occurred at <u>11:30 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>B. F. Bland</u> (Degree or title) <u>Mr.</u>		23b. ADDRESS <u>Maryville Mo</u>	
23c. DATE SIGNED <u>8/9/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-10-1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Graham Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Graham Mo</u>	
DATE REC'D BY LOCAL REG. <u>8-14-54</u>		REGISTRAR'S SIGNATURE <u>Bess Holt</u> <u>229</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>B. F. Bland</u>		ADDRESS <u>Maryville Mo</u>	

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.....
Signature of Student Embalmer

Signed.....
G M Atkinson

Licensed Embalmer No.....*22*

P. O. Address.....*Maryville*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.