

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31330

FILED SEP 27 1954

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 226

1. PLACE OF DEATH a. COUNTY <u>Madaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maryville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stonberry</u>	
c. LENGTH OF STAY (In this place) <u>12 Hours.</u>		d. STREET ADDRESS (If rural, give location) <u>Alanthia Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Anna</u>	b. (Middle)	c. (Last) <u>Ketterer</u>	(Month) <u>9-</u>	(Day) <u>16</u>	(Year) <u>1954</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>Wht.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>12-23-1876</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 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>Farming.</u>	11. BIRTHPLACE (State or foreign country) <u>King City Missouri.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Balthas Fibberger</u>	13b. MOTHER'S MAIDEN NAME <u>Genevieve Robst.</u>	14. NAME OF HUSBAND OR WIFE <u>John Ketterer</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>	16. SOCIAL SECURITY NO. <u>None.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. George Goddy-Sacramento-Cal.</u>	ADDRESS _____
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 DAYS.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>INCARCERATED UMBILICAL HERNIA</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. <u>GENERALIZED ARTERIOSCLEROSIS</u>		<u>10 YRS.</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>5615</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)
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?

22. I hereby certify that I attended the deceased from SEPT. 14, 1954, to SEPT. 16, 1954, that I last saw the deceased alive on SEPT. 15, 1954, and that death occurred at 5:15 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Gene J. Kodell M.D.</u>	23b. ADDRESS <u>Conception Jct., Mo</u>	23c. DATE SIGNED <u>9/17/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL.</u>	24b. DATE <u>9-18-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Columba</u>	24d. LOCATION (City, town, or county) (State) <u>At Conception Mo.</u>
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DATE REC'D BY LOCAL REG. <u>9-25-54</u>	REGISTRAR'S SIGNATURE <u>Kress Boltz</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Egan Johnson</u>	ADDRESS <u>Stonberry Mo.</u>
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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

*G. M. Atchison*

Licensed Embalmer No. *2279*

P. O. Address *Maryville, 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.