

BIRTH NO. 134 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3061 Registrar's No. 333

1. PLACE OF DEATH  
 a. COUNTY ST. FRANCIS  
FLAT RIVER  
 b. CITY (If outside corporate limits, write RURAL and give township) FLAT RIVER  
 c. LENGTH OF STAY (in this place)  
 d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
 a. STATE MISSOURI b. COUNTY ST. FRANCIS  
 c. CITY OR TOWN FLAT RIVER  
 d. Is Residence within limits of a city or incorporated town? Yes  No   
 \* STREET ADDRESS (If rural, give location) 107 Federal St.

3. NAME OF DECEASED  
 a. (First) SAMUEL b. (Middle) Archie c. (Last) Ketcherside  
 (Type or Print)  
 4. DATE OF DEATH (Month) (Day) (Year)  
Oct. 23 1954

5. SEX MALE 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 8. DATE OF BIRTH April 8, 1888 9. AGE (In years last birthday) 66 6 5 IF UNDER 1 YEAR Months Days Hours Min.  
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 10b. KIND OF BUSINESS OR INDUSTRY  
 11. BIRTHPLACE (City and State or Foreign Country) Chilohide, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME George W. Ketcherside 13b. MOTHER'S MAIDEN NAME MARtha Lewis 14. NAME OF HUSBAND OR WIFE Stella Ketcherside

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO 16. SOCIAL SECURITY NO. 493-03-8885 17. INFORMANT'S SIGNATURE AND NAME Mrs Stella Ketcherside ADDRESS Flat River, Mo.

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.  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Acute Coronary Occlusion  
 ANTECEDENT CAUSES Cardio-vascular disease  
 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  
 20. AUTOPSY? YES  NO

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)  
4201

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 4, 1954, to Oct 23, 1954, that I last saw the deceased alive on 11/23, 1954, and that death occurred at 6:40 P m., from the causes and on the date stated above.

23a. SIGNATURE Wm Kelly (Degree or title) 2 23b. ADDRESS Flat River Mo 23c. DATE SIGNED 10/25/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Oct 26, 1954 24c. NAME OF CEMETERY OR CREMATOR Big Creek 24d. LOCATION (City, town, or county) (State) Chilohide, Mo.

DATE REC'D BY LOCAL REG. Oct 25, 1954 REGISTRAR'S SIGNATURE Esther Pauloff 25. FUNERAL DIRECTOR'S SIGNATURE Raymond Caldwell ADDRESS Flat River Mo

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

9427

VS AUG 9 1960

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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.....  
Signature of Student Embalmer

Signed *R. Caldwell*

Licensed Embalmer No. *2531*

P. O. Address *Flat River*

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.