

FILED JAN 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 92

BIRTH NO. _____		REG. DIST. NO. 11		PRIMARY REG. DIST. NO. 4024		Registrar's No. 2	
1. PLACE OF DEATH a. COUNTY Barry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barry			
b. CITY (If outside corporate limits, write RURAL and give town) Cassville		c. LENGTH OF STAY (In this place) 35 yrs		c. CITY OR TOWN Cassville		d. Is 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 ##### none				e. STREET ADDRESS (If rural, give location) 00500			
3. NAME OF DECEASED (Type or Print) a. (First) Ida			b. (Middle)		c. (Last) Ketcham		4. DATE OF DEATH (Month) (Day) (Year) Jan. 18, 1955
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March, 17, 1885		9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 10	IF UNDER 24 HRS. Days 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY home		11. BIRTHPLACE (City and State or Foreign Country) Eagle Rock, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Burris		13b. MOTHER'S MAIDEN NAME Jane (unknown)		14. NAME OF HUSBAND OR WIFE Bryon Ketcham			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 499-10-0087		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs James Stansberry Cassville, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Liver 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.					INTERVAL BETWEEN ONSET AND DEATH 8 months	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION					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)		1501	
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 Jan 19, 1955 to Jan 19, 1955, that I last saw the deceased on Jan 18, 1955, and that death occurred at 9:25 P.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Rapier</i>			23b. ADDRESS DO, 2 Cassville Mo			23c. DATE SIGNED 1-19-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-20-55	24c. NAME OF CEMETERY OR CREMATORY Muncey Cemetery		24d. LOCATION (City, town, or county) (State) Barry Co., Mo.			
DATE REC'D BY LOCAL REG. 1-19-1955	REGISTRAR'S SIGNATURE Grace Williams		10-0	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lewis-Williamson-Cassville, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 155-183

DATE REC. 1-22-55

JAN 22 1955

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 Myself Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Raymond A. Davis

Licensed Embalmer No. 3424

P. O. Address Cassville,

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.