

FILED MAY 22 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15470

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 92

1. PLACE OF DEATH a. COUNTY Andrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Montgomery	
b. CITY (If outside corporate limits, write RURAL and give town) Mexico, Mo.		c. CITY OR TOWN Montgomery City	
c. LENGTH OF STAY (In this place) 7 days		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 Andrain County Hospital			
e. STREET ADDRESS (If rural, give location)			

3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) _____ c. (Last) Kettle		4. DATE OF DEATH May 10, 1956 (Month) (Day) (Year)	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 29, 1875
9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Callaway County, Mo.
12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME James Edward Kettle	13b. MOTHER'S MAIDEN NAME Martha Susan Boone	14. NAME OF HUSBAND OR WIFE Mrs. Ida Kettle
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) Unknown	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ida Kettle	ADDRESS Montgomery City, Mo.
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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 3 mos.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Primary Carcinoma of Liver		
	ANTECEDENT CAUSES Morbidity 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 5-9-56	19b. MAJOR FINDINGS OF OPERATION Primary Carcinoma of Liver	20. AUTOPSY? 155X 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) (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 **May 2, 1956**, to **May 10, 1956**, that I last saw the deceased alive on **May 10, 1956**, and that death occurred at **12:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE R. B. Owen (Degree or title)	23b. ADDRESS Medico, Mo.	23c. DATE SIGNED 5-12-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 12, 1956	24c. NAME OF CEMETERY OR CREMATORY Montgomery Cemetery	24d. LOCATION (City, town, or county) (State) Montgomery City, Mo.
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DATE REC'D BY LOCAL REG. May 12, 1956	REGISTRAR'S SIGNATURE Sanche Neely	25. FUNERAL DIRECTOR'S SIGNATURE Schlander Funeral Home	ADDRESS Montgomery City, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

9-0

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 *E. Boone Schlander*.....

Licensed Embalmer No. *411*.....

P. O. Address *Montgomery*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If
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.