

Health, Welfare, Public Service
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 All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION
 0-0

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

FILED JUL 11 1957

19979
 STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 5039 Registrar's No. 159

1. PLACE OF DEATH a. COUNTY AudRAIN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY MACON	
b. CITY (If outside corporate limits, give TOWNSHIP only) RURAL SALT RIVER		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN ATLANTA-MO Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Neill Rest Haven		Length of stay in 1b 3 MONTHS	0610 STREET ADDRESS (If outside, give location) MISSOURI Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First WIA Middle F Last KetchAM		4. DATE OF DEATH Month 6 Day 21 Year 1957	
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 6-27-1970
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 86 IF UNDER 1 YEAR Months 11 Days 21 Hours - Min. - IF UNDER 24 HRS.
11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME John M. KetchAM		14. MOTHER'S MAIDEN NAME ISABELLE DUNNINGTON	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT FRANK KetchAM - ATLANTA, MO		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral vascular accident DUE TO (b) Cerebral arteriosclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 48 hours years -
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 331X		
20c. TIME OF INJURY Hour _____ Month _____ Day _____ a. m. _____ p. m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION MACON COUNTY _____ STATE _____	
21. I attended the deceased from 6-11-57 to 6-21-57 and last saw ^{him} alive on 6-21-57 Death occurred at 2:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Blanche Steely (Degree or title)		22b. ADDRESS Macdon Inc	22c. DATE SIGNED 7-5-57
23a. BURIAL, CREMATION, RECEPTION (Specify) BURIAL	23b. DATE 6-23-1957	23c. NAME OF CEMETERY OR CREMATORY Shiloh	23d. LOCATION (City, town, or county) (State) MACON - MO
24. FUNERAL DIRECTOR Theo H. Goodding - ATLANTA-MO ADDRESS		25. DATE RECD. BY LOCAL REG. 7-5-57	26. REGISTRAR'S SIGNATURE Blanche Steely

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~~ Theo. H. Goodding, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Theo. H. Goodding
Licensed Embalmer No. 39

P. O. Address Atlanta,

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