

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033913
STATE FILE NUMBER

FILED SEP 16 1958 Registration District No. 316 Primary Registration District No. 3057 Registrar's No. 343

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY St Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Missouri b. COUNTY St Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Bonne Terre
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 418 Jackson St.		Length of stay in lb Lifetime	d. STREET ADDRESS 418 Jackson
3. NAME OF DECEASED (Type or print) HELEN LOUISE KETCHERSIDE		First Middle Last	4. DATE OF DEATH Sept 7 1958
5. SEX Female	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 Mar 8 1873
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years of birthday) 85
11. BIRTHPLACE (City and state or country) Bonne Terre, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Mary Brennon	14. NAME OF HUSBAND OR WIFE John 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. None	17. INFORMANT Address MO. Mrs. Virgil Ketcherside Bonne Terre
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) unknown DUE TO (c) 4500			INTERVAL BETWEEN ONSET AND DEATH unknown
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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from June 1-58 to 9-7-58 and last saw her ^{her} alive on 9-1-1958 Death occurred at 9-7-58 1:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE A. J. Evans M.D.		22b. ADDRESS Bonne Terre Mo	22c. DATE SIGNED 9-8-58
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
Burial	Sept 10 '58	Adams Cemetery	Rt 1 Bonne Terre, Mo.
24. FUNERAL DIRECTOR BOYER'S		ADDRESS Bonne Terre, Mo.	25. DATE RECD. BY LOCAL REG. Sept. 8, 1958
		26. REGISTRAR'S SIGNATURE Esther Rudloff	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *B. T. Boyer*

Licensed Embalmer No. 3660
P. O. Address Desloge, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.