THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002074
STATE FILE NUMBER

FILED FEB 6 1959 Registration District No. 200 Primary Registration District No. ..... Registrar's No. 24

1. PLACE OF DEATH
a. COUNTY MACON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LYDA Township — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY MACON
c. CITY OR TOWN ATLANTA 0610 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Middle Last: John HARVEY - Ketcham
4. DATE OF DEATH Month Day Year: 1 - 28 - 1959
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 11-16-1894
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR Months 2 Days 12 — IF UNDER 24 HRS. Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): MACON COUNTY, MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME: Wilmer H Ketcham
14. MOTHER'S MAIDEN NAME: Carrie E. Tozer
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 497-05-2941
17. INFORMANT Address: Jean Ketcham - Atlanta, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ca of Rectum — INTERVAL BETWEEN ONSET AND DEATH ?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Metastases to Liver, Spleen and Stomach — Jan 1-59
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Congestive Heart failure 154X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE 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 Jan 1-59, to Jan 28-59 and last saw ~~her~~ him alive on Jan 28-59
Death occurred at 10:15 a. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C. L. Woodward DO
22b. ADDRESS: Atlanta Mo
22c. DATE SIGNED: 1-31-59

23a. BURIAL, ~~CREMATION~~, ~~REMOVAL (Specify)~~: Burial
23b. DATE: 1-30-1959
23c. NAME OF CEMETERY OR CREMATORY: Mt. TABOR
23d. LOCATION (City, town, or county) (State): Atlanta — Mo.

24. FUNERAL DIRECTOR ADDRESS: Theo H. Goodding - Atlanta, Mo
25. DATE RECD. BY LOCAL REG.: 2/3/59
26. REGISTRAR'S SIGNATURE: Ruth McNeely

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

...alth, Welfare ...ublic ...ervice ...300 ...1-56

...doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

County File No. ...
Date Filed 2-5-59

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

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. (F
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.