

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-022502

FILED JUL 8 1959 294

60th

68143

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Randolph			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri , COUNTY Randolph		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Union		Length of stay in 1b 3 Weeks	c. CITY OR TOWN Moberly		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6 Mi. W. Madison		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS 1125 Quinn (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First LILLIAN Middle EDNA Last KETCHUM			4. DATE OF DEATH Month July Day 2 Year 1959		
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-8-1903	9. AGE (last birthday) 55	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Greencastle, Ind.	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Joseph Milton Turpin		13b. MOTHER'S MAIDEN NAME Mary Louise Smock		14. NAME OF HUSBAND OR WIFE George Wesley Ketchum	
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. 486-14-186	17. INFORMANT Address George Wesley Ketchum Moberly, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medulla Paralysis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Thrombotic Encephalitis & Cerebral Hemorrhage 48 hrs. DUE TO (c) arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					INTERVAL BETWEEN ONSET AND DEATH 2 hrs. not known
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 _____ a.m. _____ p.m. Month, Day, Year _____		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	COUNTY _____ STATE _____
21. I attended the deceased from 7-1-59 to 7-2-59 and last saw her ^{her} alive on 7-2-59 Death occurred at 4:12 ^p on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>[Signature]</i> (Degree or title) DO		22b. ADDRESS 1955th Moberly, MO		22c. DATE SIGNED 7-3-59.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-4-1959	23c. NAME OF CEMETERY OR CREMATORY Bethel Cem.	23d. LOCATION (City, town, or county) Holliday, Mo.		
24. FUNERAL DIRECTOR Thompson-Mackler Madison, Mo.		25. DATE RECD. BY LOCAL REG. 7-4-59	REGISTRAR'S SIGNATURE <i>[Signature]</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

MS SEP 17 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Joseph R. Madison

Licensed Embalmer No. 45
P. O. Address Madison

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