

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-032426

FILED VS. OCT. 7 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4543

4543

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <del>Missouri</del> <b>Missouri</b> COUNTY <b>Jackson</b> <b>JOHANSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>MISSION HILLS</b> <b>Kansas City</b>	
Length of stay in 1b <b>66 yrs</b> <b>1 day</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Menorah Medical Center</b>		d. STREET ADDRESS (If outside, give location) <b>5617 Pembroke Lane</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Ethel</b> Middle <b>Ketner</b> Last <b>Ketner</b>			4. DATE OF DEATH Month <b>9</b> Day <b>16</b> Year <b>1959</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10-31-76</b>	9. AGE (last birthday) <b>82</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 24 HR Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Rolla, Missouri</b>		11. BIRTHPLACE (City and state or country) <b>U. S. A.</b>		
13a. FATHER'S NAME <b>Lucin G. Nicholl</b>		13b. MOTHER'S MAIDEN NAME <b>Amanda (Unknown)</b>		14. NAME OF HUSBAND OR WIFE <b>James Ketner</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT Address <b>James Ketner, 5617 Pembroke Lane</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>1) Cerebral Hemorrhage, massive, rt hemisphere 1 day</b>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>2) Arterio-nephrosclerosis moderately severe 1 1/2 yrs</b>		
DUE TO (c)		
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 w/s there a pregnancy in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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 <b>10</b> a.m. <b>00</b> Month, Day, Year <b>9 16 59</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 **1949** to **9/16/59** and last saw her **9/16/59** alive on **9/16/59**  
Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Morris Statland M.D.</b>	22b. ADDRESS <b>751 E 63rd St K.C., Mo.</b>	22c. DATE SIGNED <b>9/18/59</b>
23a. BURIAL (CREMATION, REMOVAL (Specify)) <b>Cremation</b>	23b. DATE <b>9-19-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>D. W. Newcomers Sons</b>
23d. LOCATION (City, town, or county) <b>Kansas City, Missouri</b>		(State)

24. FUNERAL DIRECTOR <b>Stive + McClure</b>	ADDRESS <b>K.C. Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>9-18-59</b>	26. REGISTRAR'S SIGNATURE <b>Neva Menhall</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Morris Statland

**STATEMENT BY LICENSED EMBALMER**

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

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed F. S. Walton

Licensed Embalmer No. 2744

P. O. Address K.C., MO

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