

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH  
 FILED VS SEP 20 1960

-60-035366

STATE FILE NUMBER

Registration District No. 172 Primary Registration District No. 4272 Registrar's No. 79

INDEXED

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Waverly</u>		Length of stay in 1b <u>12 days</u>	c. CITY OR TOWN <u>Dover</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Kelling Clinic &amp; Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1 1/2 mi. SE</u>
3. NAME OF DECEASED (Type or print) First <u>ABBIE</u> Middle <u>KETNER</u> Last <u>KETNER</u>		4. DATE OF DEATH Month <u>Sept.</u> Day <u>9</u> Year <u>1960</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10/25/1881</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>78</u>
13a. FATHER'S NAME <u>Edward Bauerle</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline ?</u>	14. NAME OF HUSBAND OR WIFE <u>Rufus Ketner, Dec.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT <u>Frank Ketner (Son) Dover, Missouri</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>cardio vascular renal disease</u>			INTERVAL BETWEEN ONSET AND DEATH <u>??</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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 was 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 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 <u>March 1, 1960</u> to <u>9/9/60</u> and last saw her <u>live</u> on <u>9/9/60</u> Death occurred at <u>8:56 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Dayles Kelling M.D.</u> (Degree or title)		22b. ADDRESS <u>Waverly, Missouri</u>	22c. DATE SIGNED <u>9/12/60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>Sept 12, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Dover Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Dover Missouri</u>
24. FUNERAL DIRECTOR <u>A. H. Hader Funeral Home</u> Address _____		25. DATE RECD. BY LOCAL REG. <u>9-13-1960</u>	26. REGISTRAR'S SIGNATURE <u>Lutie Gordon Jordan</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NS SEP 21 1960

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 Geo. McKean

Licensed Embalmer No. 2983

P. O. Address Leungton

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.