

**1 DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**  
**LED VS NOV 28 1960**

**-60-042800**  
 STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 446

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>Marion</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Hannibal</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>Marion</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>113 Bird St.</b>		Length of stay in 1b Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Hannibal</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS <b>113 Bird St.,</b>		Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <b>113 Bird St.,</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>Virgil Ketchum</b>				4. DATE OF DEATH <b>11/10/1960</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>7/12/1904</b>	
9. AGE (last birthday) <b>56</b>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Handy Man</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>3rd St. Lunch</b>		11. BIRTHPLACE (City and state or country) <b>Beatyville, Ky.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>G. A. Ketchum</b>			13b. MOTHER'S MAIDEN NAME <b>Myrtle King</b>			14. NAME OF HUSBAND OR WIFE <b>Unknown</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.		17. INFORMANT Address <b>Mrs. Bessie Elliott, 522 N. 3rd</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>Arteriosclerotic Heart Disease</b>						INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b>	
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 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 _____ to _____ and last saw her/him alive on _____ Death occurred at <b>9:30 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>Henry Sweet Jr M.D. Coroner</b>				22b. ADDRESS <b>Hannibal Mo</b>		22c. DATE SIGNED <b>11/12/60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>11/12/1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Greenmounth Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Quincy, Illinois</b>	
24. FUNERAL DIRECTOR <b>H. M. O'Donnell, Hannibal, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>11-12-1960</b>		26. REGISTRAR'S SIGNATURE <b>Dr. E. M. Sweet Jr</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 *H M O'Donnell*

Licensed Embalmer No. 3889

P. O. Address Hannibal, 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.