

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

61-017198
STATE FILE NUMBER

AMENDED FILED JUN 5 1961
Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 135

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| 1. PLACE OF DEATH a. COUNTY Henry | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Henry | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Windsor | | Length of stay in 1b 2 1/2 mo. | c. CITY OR TOWN Windsor Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Community Conval. Home | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 604 S. Tebo Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|---|--|--|---|--|--|--|
| 3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM WASHINGTON KETCHUM | | | 4. DATE OF DEATH Month Day Year May 28, 1961 | | | |
|---|--|--|---|--|--|--|

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|-----------------------|----------------------------------|---|-------------------------------------|-------------------------------------|---|------------------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 4-6-1885 | 9. AGE (last birthday) 76 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rt. Farmer | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Avery Mo. Benton | 12. CITIZEN OF WHAT COUNTRY U. S. A. |
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| 13a. FATHER'S NAME Josias Ketchum | 13b. MOTHER'S MAIDEN NAME Nancy E. Weaver | 14. NAME OF HUSBAND OR WIFE Minnie Belle Ketchum |
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| 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. 496-26-0278 | 17. INFORMANT Floyd E. Ketchum Windsor, Mo. | Address |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) | Circulatory Collapse | Instant |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Coronary Occlusion | Instant |
| | 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 |

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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT. SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
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|---|--|--|--|------------------------|---------------------|
| 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 Windsor | COUNTY Henry | STATE Mo. |
|---|--|--|--|------------------------|---------------------|

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| 21. I attended the deceased from 3/31/61 to 5/28/61 and last saw him alive on 4/7/61 Death occurred at 2:00 P. M. on the date stated above, and to the best of my knowledge, from the causes stated. | | |
| 22a. SIGNATURE <i>William J. Smith</i> (Registrar title) | 22b. ADDRESS Windsor, Mo. | 22c. DATE SIGNED 5/29/61 |

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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 5-30-1961 | 23c. NAME OF CEMETERY OR CREMATORY Laurel Oak Cemetery | 23d. LOCATION (City, town, or county) (State) Windsor Henry Mo. |
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| 24. FUNERAL DIRECTOR Clifford Gouge Windsor, Mo. | ADDRESS | 25. DATE RECD. BY LOCAL REG. May 30, 1961 | 26. REGISTRAR'S SIGNATURE <i>Mildred Biguna</i> |
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Clifford Gouge

Licensed Embalmer No. 5014

P. O. Address Windsor, 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.