

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-018181

FILED VS. MAY 31 1960

147

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 147

1. PLACE OF DEATH a. COUNTY AD AIR				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY SCHUYLER									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KIRKSVILLE		Length of stay in 1b 10 yr.		c. CITY OR TOWN LANCASTER		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION NURSING HOME #2			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) MARY CATHERINE KETHE				4. DATE OF DEATH Month May Day 20 , Year 1960									
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH APR. 30, 1871		9. AGE (last birthday) 89		IF UNDER 1 YEAR Months 0 Days 20 Hours Min. 		IF UNDER 24 HR Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Housewife			11. BIRTHPLACE (City and state or country) SCHUYLER			12. CITIZEN OF WHAT COUNTRY U.S.A.				
13a. FATHER'S NAME HENRY KETHE				13b. MOTHER'S MAIDEN NAME MARGARET SCHAFER				14. NAME OF HUSBAND OR WIFE GEORGE KETHE (DECEASED)					
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. NONE		17. INFORMANT Address MRS. GLEN SEAMSTER, DOWNING, 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) Cardiovascular Collapse										INTERVAL BETWEEN ONSET AND DEATH sudden			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Acute Cardiac Decompenstion								days 0			
		DUE TO (c) Arteriosclerotic Heart Disease								unknown			
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 checked="" 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 s.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 Sept 1, 1959 to May 20, 1960 and last saw her him alive on May 20, 1960 Death occurred at 7:20 p.m. on the date stated above, and to the best of my knowledge from the causes stated.													
22a. SIGNATURE William F. Bergen, D.O. (Degree or title)						22b. ADDRESS Leicerville Mo			22c. DATE SIGNED 5/22/60 (State) Mo				
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 5/22/60		23c. NAME OF CEMETERY OR CREMATOR GERMANIA CEMETERY				23d. LOCATION (City, town, or county) S/E LANCASTER					
24. FUNERAL DIRECTOR NORMANS FUNERAL HOME, LANCASTER, MO ADDRESS						25. DATE RECD. BY LOCAL REG. 5-22-60		26. REGISTRAR'S SIGNATURE Deis W. Pottliff					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

WILLIAM F. BERGEN, D.O.

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 Novel E. Loebe

Licensed Embalmer No. 4742

P. O. Address Fukerella

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.