

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

0036355

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 328

DO NOT WRITE ON THIS STUB

AMENDED

FILED 29 64

VS 300
Rev. 4/59

1 0941

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY STE. GENEVIEVE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BONNE TERRE		c. CITY OR TOWN WEINGARTEN	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT a Hospital, give location) HOSPITAL OR INSTITUTION BONNE TERRE HOSPITAL		d. STREET ADDRESS (If outside, give location) ROUTE # 1	
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First ANNA Middle M. Last KETTINGER		4. DATE OF DEATH Month SEPTEMBER Day 24 Year 1964	
5. SEX FEMALE	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 2-10-1885
9. AGE (last birthday) 79		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (City and state or country) WEINGARTEN, MO.
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME LAWRENCE SCHMIDT	
13b. MOTHER'S MAIDEN NAME ELIZABETH KRAENZLE		14. NAME OF HUSBAND OR WIFE JOSEPH W. KETTINGER	
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.	
17. INFORMANT MRS. ERNST AUBUCHON, FARMINGTON, MO.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma Gallbladder			INTERVAL BETWEEN ONSET AND DEATH 4 MOS
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 April 1964 to Sept 1964 and last saw her alive on Sept 24/64 Death occurred at 3:35 P.M. on the date stated above, and to the best of my knowledge, from the causes stated			
22a. SIGNATURE Cluan Kerraiker M.D.		22b. ADDRESS Farmington, Mo	22c. DATE SIGNED 9/18/64
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 9-27-1964	23c. NAME OF CEMETERY OR CREMATORY St. Lawrence Cemetery	23d. LOCATION (City, town, or county) LAWRENCETON, MISSOURI
24. FUNERAL DIRECTOR JEROME H. STANTON, STE. GENEVIEVE, MO.		25. DATE RECD. BY LOCAL REG. Sept. 28, 1964	26. REGISTRAR'S SIGNATURE Eskew Rudloff

USE BLACK INK OR TYPEWRITER RIBBON

Burial Permit issued Sept 27-1964

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

James S. Swartz

Licensed Embalmer No. 3817

P. O. Address STE. GENEVIEVE, 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.