

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004282

STATE FILE NUMBER

JAN 22 1959 Registration District No. 366 Primary Registration District No. 6244 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE, (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Washington</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Union Twp.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>1162</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>9 mi. N. Petoski</u>		Length of stay in 1b <u>11 yrs.</u>	d. STREET ADDRESS (If outside give location) <u>9 mi. N. Petoski</u>
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Alice</u> Middle <u>Alleen</u> Last <u>Ketcherside</u>			4. DATE OF DEATH Month <u>Jan.</u> Day <u>17</u> Year <u>1959</u>		
--	--	--	--	--	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 28 1912</u>	9. AGE (In years last birthday) <u>46</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>19</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
-------------------------	----------------------------------	---	---	--	---	--

10a. USUAL OCCUPATION (Give kind of work done during past year, or during life, even if retired) <u>House work</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (City and state or country) <u>Desoto Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	--	---	---

13a. FATHER'S NAME <u>David Powers</u>	13b. MOTHER'S MAIDEN NAME <u>Allie Barlow</u>	14. NAME OF HUSBAND OR WIFE <u>Emmett Ketcherside</u>
---	--	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT <u>Emmett Ketcherside, R. Exeter, Mo.</u>	Address <u></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>Cyctosarcoma of Breast</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30 yrs.</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)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>

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.) <u>170x</u>
---	---

20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____	20d. INJURY OCCURRED WHILE AT <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>8-15-55</u> to <u>1-17-59</u> and last saw her <u>live</u> on <u>1-16-59</u> Death occurred at <u>1:30 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Wm. C. Fairchild, M.D.</u>	(Degree or title)	22b. ADDRESS <u>Desoto 7720</u>	22c. DATE SIGNED <u>1-18-59</u>
---	-------------------	------------------------------------	------------------------------------

23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1-29-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hills Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Washington Co Mo.</u>
---	-----------------------------	--	---

24. FUNERAL DIRECTOR <u>Mrs. Luther Sparks</u>	ADDRESS <u>Petoski Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>1/20/59</u>	26. REGISTRAR'S SIGNATURE <u>H. E. Prutkandall</u>
---	-------------------------------	--	---

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300
1-57

RECEIVED

WASH. SURVIVAL UNIT DEPT.

File No.

1959 APR 2 CA

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 *Murphy L. Sparks*

Licensed Embalmer No. *4236*

P. O. Address *Flax River*

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.