

FILED FEB 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1541

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BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage	
d. FULL NAME OF HOSPITAL OR INSTITUTION McCune-Brooks Hospital		d. STREET ADDRESS (If rural, give location) 1604 MAIN	
3. NAME OF DECEASED (Type or Print) a. (First) Dr. ELIZABETH b. (Middle) HALL c. (Last) KETCHAM		4. DATE OF DEATH (Month) (Day) (Year) 1-23-49	
5. SEX Fe. 1	6. COLOR OR RACE Wh.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 3/19/1868
9. AGE (In years last birthday) 80		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PHYSICIAN	11. BIRTHPLACE (State or foreign country) SALEM N.J.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PHYSICIAN		10b. KIND OF BUSINESS OR INDUSTRY SAME	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME MORRIS HALL		13b. MOTHER'S MAIDEN NAME REBECCA HALL	14. NAME OF HUSBAND OR WIFE DECEASED
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Miss Elizabeth Ketcham	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute left ventricular failure ANTECEDENT CAUSES DUE TO (b) Mitral endocarditis DUE TO (c) 11214 II. OTHER SIGNIFICANT CONDITIONS Pulmonary edema, cerebral atherosclerosis, arterio sclerosis, general	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) Carthage Jasper Missouri	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 19, 1949, to Jan 23, 1949, that I last saw the deceased alive on Jan 23, 1949, and that death occurred at 7 P. m., from the causes and on the date stated above. JAN 25 1949			
23a. SIGNATURE Emory J. Wenters M.D.		23b. ADDRESS Carthage, Missouri	23c. DATE SIGNED JAN 25 1949
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 1-27-49	24c. NAME OF CEMETERY OR CREMATORY CREMATION PARK CEMETERY	24d. LOCATION (City, town, or county) (State) CARTHAGE MO
DATE REC'D BY LOCAL REG. Jan 26, 1949	REGISTRAR'S SIGNATURE R. B. Clinton	25. FUNERAL DIRECTOR'S SIGNATURE Furlbut Glover	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

49-1-66

FEB 28 1949

APR 23 1951

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 _____

William E. Freer

Student Embalmer No. *283*

working under my personal supervision.

Signed *William E. Freer*
Student Embalmer

Signed *Perry K. Hurlbut*

Licensed Embalmer No. *959*

P. O. Address *Joseph Muscare*

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 this body is not embalmed, fact should be so stated above.