

FILED JUL 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

19359

 BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY Howard				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howard					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fayette, Missouri		c. LENGTH OF STAY (In this place) all his life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fayette					
d. FULL NAME OF HOSPITAL OR INSTITUTION Louisiana Street				d. STREET ADDRESS (If rural, give location) Louisiana Street					
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Settle c. (Last) Settle			4. DATE OF DEATH (Month) (Day) (Year) June 19 1949						
5. SEX Male		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 8/4/1865			
9. AGE (In years Last birthday) 83		IF UNDER 1 YEAR (Months) 10		IF UNDER 24 HRS. (Days) 15		IF UNDER 1 MIN. (Hours) (Min.)			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY ----		11. BIRTHPLACE (State or foreign country) Howard Co. Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.		
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. (If yes, give year or dates of service) None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Howard County Welfare Office, Fayette					
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Chol. nephritis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) uremia DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH unknown 5721	
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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>June 17, 1949</u> , to <u>June 19, 1949</u> , that I last saw the deceased alive on <u>June 17, 1949</u> , and that death occurred at <u>4:00 A. M.</u> from the causes and on the date stated above.									
23a. SIGNATURE (Deceased or title) James O. DeWald Lee				23b. ADDRESS Ray Settle, Mo. 6-20-49		23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/20/49		24c. NAME OF CEMETERY OR CREMATORY Howard County Farm		24d. LOCATION (City, town, or county) (State) R. F. D. 5 Fayette, Mo.			
DATE REC'D BY LOCAL REG. 6-25-1949		REGISTRAR'S SIGNATURE Dorothy Jean Schen		25. FUNERAL DIRECTOR'S SIGNATURE Palmer A. Carr		ADDRESS Fayette Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUN 27

District Health Officer No. 8,

District File Number

Date Filed 7-14-49

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 ^{Not}.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Ralph A. Carr

Licensed Embalmer No. 3340

P. O. Address Gayette 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 this body is not embalmed, fact should be so stated above.