

FILED JUN 16 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23268

BIRTH NO. _____		REG. DIST. NO. 324		PRIMARY REG. DIST. NO. 6082		Registrar's No. 124	
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Putnam</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannontona</u>		c. LENGTH OF STAY (In this place) <u>2 WK</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Longwood</u>		STREET ADDRESS (If rural, give location) <u>0800</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural - Marshall Junction</u>				d. STREET ADDRESS <u>1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>David Franklin</u> b. (Middle) <u>Settles</u> c. (Last) <u>Settles</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 8, 1952</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 22, 1869</u>		9. AGE (In years last birthday) <u>83</u>	10. MONTHS <u>3</u>	11. DAYS <u>16</u>
10a. USUAL OCCUPATION (Give kind of work done for most of working life, even if retired) <u>Blacksmith</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>No. Middletown, Ky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Joseph Settles</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Robertson</u>		14. NAME OF MARRIAGE OR WIFE <u>Minnie</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If no, no known) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Latha Lewis, Houston</u>			
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) <u>Pulmonary Tuberculosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Contagion</u> 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 <u>48</u>
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) _____		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>May 2, 1952</u> , to <u>June 6, 1952</u> , that I last saw the deceased alive on <u>June 5, 1952</u> , and that death occurred at <u>12:45 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John Meserup, D.O.</u> (Degree or title)				23b. ADDRESS <u>Houstonia</u>		23c. DATE SIGNED <u>6-9-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-9-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Longwood</u>		24d. LOCATION (City, town, or county) (State) <u>Longwood, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>6-9-52</u>		REGISTRAR'S SIGNATURE <u>Bedway T. Gray</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McLaughlin</u>		ADDRESS <u>Low - Sedalia</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48970
1

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
Student Embalmer

Signed J. P. M. Crary

Licensed Embalmer No. 3153

P. O. Address Spokane, Wash.

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.