

FILED NOV 18 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39140**

#2
04950

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

| | | | | | | | | |
|---|----------------------------------|--|---|---|--|---|--|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>156</u> | | PRIMARY REG. DIST. NO. <u>2001</u> | | Registrar's No. <u>495</u> | | |
| 1. PLACE OF DEATH a. COUNTY <u>JASPER</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u> | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>JOPLIN</u> | | c. LENGTH OF STAY (in this place) <u>SEV. DAYS</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>JOPLIN</u> | | d. STREET ADDRESS (If rural, give location) <u>2025 BYERS</u> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOHN'S HOSPITAL</u> | | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>BESSIE</u> | | | b. (Middle) <u>BELL</u> | | c. (Last) <u>SETTLES</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 4, 1952</u> | |
| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>JUNE 24, 1892</u> | | 9. AGE (In years last birthday) <u>60</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 1 HRS. Hours _____ Mins. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>SAME</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>ROGERS, ARKANSAS</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | |
| 13a. FATHER'S NAME <u>J. W. RUSH</u> | | | 13b. MOTHER'S MAIDEN NAME <u>LOUELLA WALTERS</u> | | 14. NAME OF HUSBAND OR WIFE <u>HENRY SETTLES</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>NONE</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>HENRY SETTLES, 2025 BYERS, JOPLIN</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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PERINEPHRITIC ABSCESS</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>UNK.</u> |
| | | | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | |
| | | | | 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>DIABETES MELLITUS</u> | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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>10-9</u> , 19 <u>52</u> , to <u>11-4</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>11-4</u> , 19 <u>52</u> , and that death occurred at <u>10:25 P.M.</u> , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>D. D. Daughan, M.D.</u> | | | | 23b. ADDRESS <u>Frisco Bldg., Joplin MO</u> | | 23c. DATE SIGNED <u>11/8/52</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>11-12-52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>DEARK MEMORIAL</u> | | 24d. LOCATION (City, town, or county) (State) <u>JOPLIN, MISSOURI</u> | | | |
| DATE REC'D BY LOCAL REG. <u>11-12-52</u> | | REGISTRAR'S SIGNATURE <u>Ed G. James</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STEVE PARKER MORTUARY, JOPLIN, MO</u> | | | | |

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 11-17-52

Jasper County Health Office

County File Number 52/11/897

Date Filed 11-17-52

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.