

FILED APR 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH5190 State File No. **11466**No. 300
10.48

BIRTH NO.		REG. DIST. NO. <u>55</u>	PRIMARY REG. DIST. NO. <u>3044</u>	Registrar's No. <u>172</u>		
1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Carroll</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Carrolltonship</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Carrollton</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 mi. W. of Carrollton</u>		e. STREET ADDRESS (If rural, give location) <u>814 N. Main</u> <u>017 1/2</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>HAVE</u> c. (Last) <u>SETTLES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 8 1954</u>			
5. SEX <u>Male</u>	6. COLOR OF RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct 15, 1886</u>			
9. AGE (In years) (Months) (Days) <u>67</u>		9. AGE (In years) (Months) (Days) (Hours) (Mins.)				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Carroll Co Mo</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>J.W. Settles</u>				
13b. MOTHER'S MAIDEN NAME <u>Nancy A. Smith</u>		13c. NAME OF HUSBAND OR WIFE <u>Bertha Schware Settles</u>				
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes World War I</u>		15. SOCIAL SECURITY NO.		16. INFORMANT'S SIGNATURE OR NAME <u>Mrs. W.H. Settles</u> ADDRESS <u>Carrollton Mo</u>		
17. 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>Coronary Occlusion</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) _____ 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>20 min</u>	
18a. DATE OF OPERATION		18b. 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 _____, 19____, to <u>Dead when I arrived</u> , that I last saw the deceased alive on <u>3-31</u> , 19 <u>54</u> , and that death occurred at <u>4:24 m.</u> , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <u>William G. Atwood</u>		23b. ADDRESS <u>Carrollton Mo</u>		23c. DATE SIGNED <u>4/9/54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-10-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Carrollton Mo</u>		
DATE REC'D BY LOCAL REG. <u>4/20/54</u>		REGISTRAR'S SIGNATURE <u>Ma. Herbert Calver</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stanley Gibson</u> ADDRESS <u>Carrollton Mo</u>		

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

(Licensed Embalmer's Statement on Reverse Side)

MAY 23 1955

AUG 15 1961

APR 20

MAY 11 1961

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 *Ben W. Gibson*

Licensed Embalmer No. 2961

P. O. Address *Carrollton*

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.