

12733

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 19 1954

BIRTH NO. _____ REG. DIST. NO. 211 PRIMARY REG. DIST. NO. 4324 Registrar's No.

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Miller	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tuscumbia Mo.		c. CITY OR TOWN Iberia	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 4 year		e. STREET ADDRESS (If rural, give location) 0660	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Miller Co. Nursing Home			

3. NAME OF DECEASED (Type or Print) Susie Setser			4. DATE OF DEATH (Month) (Day) (Year) March 31 - 1954		
a. (First)	b. (Middle)	c. (Last)			

5. SEX F	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH August 22, 1876	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months	IF UNDER 14 HRS. Days	IF UNDER 1 MIN. Hours
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Miller Co. Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Merril Shackelford	13b. MOTHER'S MAIDEN NAME Mary Forrester	14. NAME OF HUSBAND OR WIFE Adam Setser
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Arthur Setser Iberia, Mo.	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH 4 hrs yes 6 months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. arteriosclerosis 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. Senile Dementia		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION ..	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 3/10/54 19 to 3/30/54 19, that I last saw the deceased alive on 3/20/54, 19, and that death occurred at 5:00 P.M. from the causes and on the date stated above.

23a. SIGNATURE M. J. Gould	23b. ADDRESS Iberia Mo	23c. DATE SIGNED 4/1/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/1/54	24c. NAME OF CEMETERY OR CREMATORY Livingston	24d. LOCATION (City, town, or county) (State) Miller Co. MO.
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DATE REC'D BY LOCAL REG. April - 1 - 1954	REGISTRAR'S SIGNATURE Mrs. Richard L. Wright	25. FUNERAL DIRECTOR'S SIGNATURE White P. Hedges	ADDRESS Hedges Funeral Homes Inc Iberia Mo.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY - USING UNFAADING BLACK INK - MAKE A PERMANENT RECORD

No. 300
10.48
0660

RECEIVED

APR 15 1954

MILLER COUNTY HEALTH
DEPARTMENT

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 *Walter O. Hedger*.....

Licensed Embalmer No. *4265*.....

P. O. Address *Hercules, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.