

FILED JUN 3 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16321

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 4241 Registrar's No. 89

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Oak Grove</u>		c. LENGTH OF STAY (In this place) <u>4 years</u>	c. CITY OR TOWN <u>Oak Grove</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Delivery</u>		e. STREET ADDRESS (If rural, give location) <u>Gen. Del 7003</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Morgan</u>	b. (Middle) <u>Lee</u>	c. (Last) <u>Settle</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>May 24 1954</u>
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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>Sept 7 1865</u>	9. AGE (In years last birthday) <u>88</u>	10. UNDER 1 YEAR Months <u>8</u> Days <u>17</u>	11. UNDER 4 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Carpenter</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Bates County Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>James Settle</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Major</u>	13c. NAME OF HUSBAND OR WIFE <u>John Settle</u>
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14. 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 <u>Mr. John Hayer</u>	ADDRESS <u>Oak Grove, Mo</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u> <u>5 yr</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Endocarditis chronic</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4214</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from Mar 6 1954 to May 24 1954, that I last saw the deceased alive on May 19 1954 and that death occurred at 8 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title) _____	23b. ADDRESS <u>Oak Grove Mo</u>	23c. DATE SIGNED <u>5/24/54</u>
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>May 24 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Freeman Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Freeman Missouri</u>
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DATE REC'D BY LOCAL REG. <u>May 24 54</u>	REGISTRAR'S SIGNATURE <u>N. B. Longford</u>	483	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robinson Bros. Hannibal, Mo.</u>	ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 3 1954

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 *Robert W. Atkinson*.....

Licensed Embalmer No. *490*.....

P. O. Address *Harrison*.....

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.