

FILED MAR 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12057

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 3075 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dexter</u>		c. CITY OR TOWN <u>Dexter</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>5 years</u>		e. STREET ADDRESS (If rural, give location) <u>1415 Stoddard St. #0310</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>1415 Stoddard St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u>		b. (Middle) <u>Adam</u>	
c. (Last) <u>Setzler</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 13, 1956</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>March 11, 1881</u>
9. AGE (In years last birthday) <u>75</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Grocery Store owner</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Enola, Ark.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Grocery Store owner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Groceryman</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Belton Setzler</u>		13b. MOTHER'S MAIDEN NAME <u>Mary E. Matthews</u>	
14. NAME OF HUSBAND OR WIFE <u>Miriam C. Setzler</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Joseph I. Setzler</u> ADDRESS <u>Dexter, Mo.</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>Rheumatic heart disease</u> ANTECEDENT CAUSES DUE TO (b) <u>No active rheumatic fever</u> DUE TO (c) <u>heart disease at time of death</u> 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"/>		416X	
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) <u>Dexter Stoddard Mo</u>	
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>Sept 10, 1955</u> , to <u>13 March, 1956</u> , that I last saw the deceased alive on <u>7 March, 1956</u> , and that death occurred at <u>3:00 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Name or title) <u>J L Waddle MD</u>		23b. ADDRESS <u>Dexter Mo</u>	
23c. DATE SIGNED <u>15 March 56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>3-16-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>E Marcus Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Enola, Ark.</u>
DATE REC'D BY LOCAL REG. <u>3/16/56</u>	REGISTRAR'S SIGNATURE <u>Dorothy D. Jenkins</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Watkins & Sons Dexter, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WHITE FLUORESCENT UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 19 1937

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 *Marsh Watkins*.....

Licensed Embalmer No. *4*.....

P. O. Address *Dexter*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.