

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1648

STATE FILE NUMBER

FILED JAN 15 1957

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR RURAL JOPLIN TWSP Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY RURAL OR JOPLIN TWSP Inside Limits 0490 No <input type="checkbox"/> 0	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RT. 2, JOPLIN Length of stay in lb ALWAYS		d. STREET ADDRESS RT. 2, JOPLIN (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) THOMAS JEFFERSON SETSER <i>First Middle Last</i>			4. DATE OF DEATH JAN. 3, 1957 <i>Month Day Year</i>				
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAR. 15, 1901		9. AGE (In years last birthday) 55 IF UNDER 1 YEAR: Months <input type="checkbox"/> Days <input type="checkbox"/> IF UNDER 24 HRS.: Hours <input type="checkbox"/> Min. <input type="checkbox"/>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) EMPLOYE		10b. KIND OF BUSINESS OR INDUSTRY DAVISON CHEMICAL CO.		11. BIRTHPLACE (City and state or country) DUENWEG, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME NEWTON SETSER			14. MOTHER'S MAIDEN NAME # ## # LAURA MCLANE <i>UNK</i>				
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 MRS. LENA SETSER, RT. 2, JOPLIN. <i>Address</i>			

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Thresh wound chest fatal instantaneous		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) degenerate in volitional trend with depression - 976X		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Put muzzle of shot gun to chest. Set stock on ground. Fished trigger with a stone poker - left over side note	
20c. TIME OF INJURY: Hour 1-3 Month 3 Day 57 Year 57 <i>a. m. p. m.</i>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home driveway
20f. CITY, TOWN, OR LOCATION Jojo COUNTY 0490 STATE MO		

21. I attended the deceased from **did not attend** and last saw **her** alive on **Jan 3 1957** Death occurred at **Jojo** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. W. Bennett MD (Degree or title):	22b. ADDRESS Jojo	22c. DATE SIGNED 1-4-57
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 1-5-57	23c. NAME OF CEMETERY OR CREMATORY STERLING CEMETERY	23d. LOCATION (City, town, or county) (State) ATLAS MO.
24. FUNERAL DIRECTOR ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.		25. DATE RECD. BY LOCAL REG. 1-8-1957	26. REGISTRAR'S SIGNATURE Dove Merriam

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

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County File Number
Date Filed JAN 14 1957

JAN 31 1957
JAN 22 1957
JAN 16 1957

FEB 19 1958
APR 4 1957

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 F. M. Jones
Licensed Embalmer No. 221

P. O. Address Joplin

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.