

FILED JUN 17 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20345

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <b>Carroll</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) -a. STATE <b>Missouri</b> - b. COUNTY <b>Carroll</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Carrollton, Mo.</b>		c. LENGTH OF STAY (in this place) <b>3 hrs.</b>	c. CITY OR TOWN <b>Carrollton R.R. 1#</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>E.L. Smith Clinic</b>		e. STREET ADDRESS (If rural, give location) <b>R.R. 1#</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Daniel</b>	b. (Middle) <b>Ray</b>	c. (Last) <b>Settles</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 6, 1957</b>
-------------------------------------	--------------------------	------------------------	--------------------------	---

5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>March 20, 1899</b>	9. AGE (In years last birthday) <b>58</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hour	IF UNDER 1 MIN. Min.
-----------------	---------------------------	--	--	---	------------------------	-----------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Combs Twp Carroll Co. Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
---	--	---	--

13a. FATHER'S NAME <b>Daniel A. Settles</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Florence Daugherty</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>C.F. Stipp</b>	ADDRESS <b>Carrollton, Mo.</b>
--	-------------------------------------	---	--------------------------------

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 <b>6 hrs.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Shock</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized burn, 3rd degree over entire body</b>		
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"/>
------------------------	----------------------------------	--

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 June 6, 1957, to June 6, 1957, that I last saw the deceased alive on June 6, 1957, and that death occurred at 7:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Evelyn L. Smith D.O.</b>	23b. ADDRESS <b>1049 1/2 St. Carrollton, Mo.</b>	23c. DATE SIGNED <b>6-8-57</b>
--	--	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6/8/57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Wharton Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Combs Twp. Carroll Co. Mo.</b>
---	-------------------------	--	---

DATE REC'D BY LOCAL REG. <b>6/8/57</b>	REGISTRAR'S SIGNATURE <b>Mar. Herbert Calvert</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Marshall Funeral Home</b>	ADDRESS <b>Carrollton</b>
--	---	---	---------------------------

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

45  
0

**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.....  
*R. M. Markes*

Licensed Embalmer No. *246*

P. O. Address.....  
*Amos*

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.