

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017260

STATE FILE NUMBER

FILED MAY 27 1958

Registration District No. 13

Primary Registration District No. 4026

Registrar's No. 75

300
1-57

All diseases in Part I must be causally related. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY BARRY			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 TOWN PURDY, MISSOURI		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN JOPLIN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RESIDENCE		Length of stay in 1b 2 WEEKS	d. STREET ADDRESS (If outside, give location) MAYFLOWER APARTMENTS		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First KENNETH Middle LEROY Last SETSER			4. DATE OF DEATH Month MAY Day 15 Year 1958		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH OCTOBER 18, 1925		9. AGE (In years last birthday) 32 IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BUSINESS MANAGER		10b. KIND OF BUSINESS OR INDUSTRY RETAIL AUTOMOBILE	11. BIRTHPLACE (City and state or country) ALBA MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME V. W. SETSER		13b. MOTHER'S MAIDEN NAME VIVIAN LEROY		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES AIR FORCE - U. S. A. 2		16. SOCIAL SECURITY NO. 496-20-0132	17. INFORMANT Address MRS VIVIAN HARRIS, PURDY MISSOURI		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Circulatory Failure Hodgkins Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c) 201X					INTERVAL BETWEEN ONSET AND DEATH 4 hrs 10 Mos
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from July 1, 1957 to May 15, 1958 and last saw ^{him} alive on May 15, 1958 Death occurred at 8:05 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Hermit Howell</i> (Degree or title) D.O. 2			22b. ADDRESS Purdy, Mo.		22c. DATE SIGNED 5/18/58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 5-17-1958	23c. NAME OF CEMETERY OR CREMATORY CARTERVILLE CEMETARY		23d. LOCATION (City, town, or county) (State) CARTERVILLE MISSOURI
24. FUNERAL DIRECTOR ADDRESS HEDGE-LEWIS FUNERAL HOME, WEBB CITY MO.			25. DATE RECD. BY LOCAL REG. May 20-1958		26. REGISTRAR'S SIGNATURE <i>Mr. O. T. Cook</i>

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 558-118

DATE REC. 5-26-58

MAY 28 1958

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 Richard G. Taylor

Licensed Embalmer No. 403

P. O. Address Webb City

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.