

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018489

STATE FILE NUMBER
2686

FILED JUN 11 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2686

300
1-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION Braton Nursing Home		d. STREET ADDRESS (If outside, give location) 1015 East Armour	
Length of stay in lb 30 years		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Mrs. Mary Middle Settle Last Settle			4. DATE OF DEATH Month May Day 26 Year 1958		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 1, 1891	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months 1 Days 1 Hours 1 Min. 1	IF UNDER 24 HRS. Hours 1 Min. 1
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Saginaw, Michigan	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James B. McKeand	13b. MOTHER'S MAIDEN NAME Sarah Holbrook	14. NAME OF HUSBAND OR WIFE W. L. Settle
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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. None	17. INFORMANT Wilford L. Settle	Address 1015 East Armour
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic heart disease & congestive failure		INTERVAL BETWEEN ONSET AND DEATH 1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Generalized debility, decubital ulcers	4200F
	DUE TO (c) following hip fracture Nov, 1957	
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? 2 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.)
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20c. TIME OF INJURY Hour 2:50 a.m. a. Month, Day, Year	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 Kansas City, Mo	COUNTY Mo	STATE
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21. I attended the deceased from Nov 16, 1957 to May 26, 1958 and last saw her alive on May 23, 1958 Death occurred at 250 a m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE E. G. Kettner	(Degree or title) M.D.	22b. ADDRESS Kansas City, Mo	22c. DATE SIGNED 5/26/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE May 28, 1958	23c. NAME OF CEMETERY OR CREMATORY Fayette City Cemetery	23d. LOCATION (City, town, or county) Fayette, Missouri	(State)
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24. FUNERAL DIRECTOR Stine & McClure Und. Co., K. C., Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 5-27-58	26. REGISTRAR'S SIGNATURE Irene Marshall
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

ALL DISEASES IN PART I MUST BE CAUSALLY RELATED.

E. G. Kettner

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OCT 28 1967

Dr 1-2892
2,000-4130

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 *J. S. Walton*

Licensed Embalmer No. *2744*
P. O. Address *25 E 2nd*

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.