

THE DIVISION OF HEALTH OF MISSOURI
DIVISION CERTIFICATE OF DEATH

59-004942
STATE FILE NUMBER

FILED MAR 9 1959 Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 31

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Cooper			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Howard		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Doonville		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN i.e. Franklin 645 th		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hosp		Length of stay in lb 2 days	d. STREET ADDRESS Rt. 1		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Linnie Thoma Settle			4. DATE OF DEATH Month Day Year March 5, 1959		
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 Feb. 28, 1884	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Self	11. BIRTHPLACE (City and state or country) Cooper County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME George Thoma		13b. MOTHER'S MAIDEN NAME Anna Wald		14. NAME OF HUSBAND OR WIFE Ronie Settle	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 0 One		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Ronie Settle Rt. 1 Near Franklin, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>apoplexy cerebral Haemorrhage</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 day</u>
Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. } DUE TO (b) <u>Hypertension</u>					<u>4 year</u>
DUE TO (c) <u>arteriosclerosis</u>					<u>4 year</u>
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 SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m.			20d. INJURY OCCURRED WHILE AT <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 <u>Dec 15-34</u> to <u>3-5-59</u> and last saw her <u>him</u> alive on <u>3-5-59</u> Death occurred at <u>1:50 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Dr. Chamberlain M.D.</u>			22b. ADDRESS <u>Doonville Mo</u>		22c. DATE SIGNED <u>3-7-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<u>BURIAL</u>	<u>5-8-1959</u>	<u>walnut Grove Ce.</u>		<u>Doonville, Missouri</u>	
24. FUNERAL DIRECTOR <u>Lafayette</u> - <u>1111 N. Franklin, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>3/7/59</u>	26. REGISTRAR'S SIGNATURE <u>Doon Hooper</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1959

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 *Tom D. Markland*

Licensed Embalmer No. *4592*

P. O. Address *New Franklin*

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.