

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. 26

FILED JAN 11 1949

BIRTH NO. _____ REG. DIST. NO. 8 PRIMARY REG. DIST. NO. 5034 Registrar's No. 1

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) | |
| a. COUNTY <u>Audrain</u> | | a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Prairie</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Prairie Township</u> | |
| c. LENGTH OF STAY (In this place) <u>54</u> | | d. STREET ADDRESS (If rural, give location) <u>5 mi. N. Laddonia, Mo.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>5 mi. N. Laddonia, Mo.</u> | | | |

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| 3. NAME OF DECEASED | | | 4. DATE OF DEATH | | |
| a. (First) <u>Edwin</u> | b. (Middle) <u>Wright</u> | c. (Last) <u>Settles</u> | (Month) <u>Jan.</u> | (Day) <u>2</u> | (Year) <u>1949</u> |
| (Type or Print) | | | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>May-12-1894</u> | 9. AGE (In years last birthday) <u>54</u> | IF UNDER 1 YEAR Months <u>7</u> Days <u>28</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Ralls County - Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u> | |

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|---|--|--|
| 13a. FATHER'S NAME <u>Edwin M. Settles</u> | 13b. MOTHER'S MAIDEN NAME <u>Martha Jane Wright</u> | 14. NAME OF HUSBAND OR WIFE <u>Alpha Settles</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> | 16. SOCIAL SECURITY NO. <u>493-07-6959</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Settles</u> |
| (If yes, give war or dates of service) <u>World War I</u> | | ADDRESS <u>Laddonia, Mo.</u> |

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|--|---|-------------|---|
| 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, asthemia, etc. It means the disease, injury, or complication which caused death. <u>94a</u> | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>8 hrs</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Coronary Thrombosis</u> | | |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | <u>4:20</u> | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>Prairie Audrain, Mo</u> |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>2</u> |

22. I hereby certify that I attended the deceased from Jan 1, 1949, to Jan 2, 1949, that I last saw the deceased alive on Jan 2, 1949, and that death occurred at 1 A m., from the causes and on the date stated above.

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|--|---|--|---|
| 23a. SIGNATURE (Degree or title) <u>W. B. Baize, MD</u> | 23b. ADDRESS <u>Laddonia Mo. 1-3-49</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Jan. 4-1949</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Laddonia Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Laddonia - Mo</u> |
| DATE REC'D BY LOCAL REG. <u>1-4-49</u> | REGISTRAR'S SIGNATURE <u>Martha Turner</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Clyde C. Hilkey</u> | ADDRESS <u>Laddonia, Mo</u> |

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

No. 300
10.48

DEC 3 1949

JAN 1 1949

RECEIVED

District Health Officer No. 10

District File Number 1-49-57

Date Filed JAN 1 0 1949

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

John E. Maxwell

Student Embalmer No. 252

working under my personal supervision.

Student John E. Maxwell
Student Embalmer

Signed Clyde Wilkey

Licensed Embalmer No. 3820

P. O. Address Perry, Mo.

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 this body is not embalmed, fact should be so stated above.