

FILED OCT 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31464

8967

BIRTH NO. _____ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 4946 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Ray</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Ray</u>		
b. CITY OR TOWN <u>Hardin Mo</u>		c. LENGTH OF STAY (In this place) <u>life</u>	c. CITY OR TOWN <u>Hardin Mo</u>		d. STREET ADDRESS (If rural, give location)
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>Setholt</u> c. (Last) <u>Setholt</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 6-1949</u>		
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>Aug-23-1863</u>		9. AGE (In years last birthday) <u>86</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Ray Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>George Setholt</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Lentz</u>	14. NAME OF HUSBAND OR WIFE <u>Elizabeth Pope Setholt</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>-</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Calla Setholt State Mo</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio-sclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>				INTERVAL BETWEEN ONSET AND DEATH <u>18 hrs</u> <u>several yrs</u> <u>4201</u>
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) <u>Hardin Ray 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>no injury</u>			
22. I hereby certify that I attended the deceased from <u>Oct 3, 1949</u> , to <u>Oct 6, 1949</u> , that I last saw the deceased alive on <u>Oct 5, 1949</u> , and that death occurred at <u>5:30 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Morris Grimes</u> (Degree or title) <u>M. H.</u>			23b. ADDRESS <u>Hardin, Mo</u>		23c. DATE SIGNED <u>10/6/1949</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Oct-7-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Hope Cem</u>		24d. LOCATION (City, town, or county) (State) <u>North of Hardin Mo</u>	
DATE REC'D BY LOCAL REG. <u>Oct 8-1949</u>	REGISTRAR'S SIGNATURE <u>Malcolm Jackson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Knapp & Borchert</u>	ADDRESS <u>Hardin Mo</u>		

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

RECEIVED OCT 10
District Health Officer No. 8,
District File Number _____
Date Filed 10-10-49

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 me _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed John W. Knipschild _____

Licensed Embalmer No. 2789 _____

P. O. Address Hardin 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.