

FILED APR 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13596

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4422 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Waynesville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Crocker	
c. LENGTH OF STAY (in this place) 6 days		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Waynesville General Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Christopher b. (Middle) Columbus c. (Last) Setser			4. DATE OF DEATH (Month) (Day) (Year) April 5, 1951		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 15, 1875	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 4 Days 21	IF UNDER 1 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME John A. Setser		13b. MOTHER'S MAIDEN NAME Jemima Gardner		14. NAME OF HUSBAND OR WIFE Emma Belle Setser	
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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. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Emma Belle Setser Crocker, Mo.	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis, cerebral		MEDICAL CERTIFICATION		IF DEATH OCCURRED BETWEEN ONSET AND DEATH 5 days	
		ANTECEDENT CAUSES		DUE TO (b) Arterial sclerosis		DUE TO (c) Age	
		As forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 492X	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **March 9, 1951**, to **April 5, 1951**, that I last saw the deceased alive on **April 4, 1951**, and that death occurred at **5 a.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. J. Walcott M.D.		23b. ADDRESS Crocker, Mo.		23c. DATE SIGNED Apr 6, 1951	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/7/51		24c. NAME OF CEMETERY OR CREMATORY Livingston Cemetery		24d. LOCATION (City, town, or county) (State) Miller County, Mo.	
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DATE REC'D BY LOCAL REG. 4-9-51		REGISTRAR'S SIGNATURE Thelma C. Buckner		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Walter P. Hedges Crocker, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

185

RECEIVED 4-9-51
Pulaski County Health Officer
File Number
Date Filed 4-9-51

APR 21 1951

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
Student Embalmer

Signed Walter J. Keagy
Licensed Embalmer No. 4265

P. O. Address Theria, Missouri

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.