

FILED FEB 3 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 77

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4014 Registrar's No. 8

2030

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

1. PLACE OF DEATH a. COUNTY <u>ATCHISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ATCHISON</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>FAIRFAX</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rock Port</u>	
c. LENGTH OF STAY (In this place) <u>10 DAYS</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FAIRFAX COM. Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>Thomas</u> c. (Last) <u>SETTLE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-23-1953</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED 1</u>	8. DATE OF BIRTH <u>10-2-1880</u>
9. AGE (In years last birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DOCTOR</u>	11. BIRTHPLACE (State or foreign country) <u>PLATE CO. MISSOURI</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DOCTOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MEDICAL</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
13a. FATHER'S NAME <u>JESS SETTLE</u>		13b. MOTHER'S MAIDEN NAME <u>BELL HARRINGTON</u>	14. NAME OF HUSBAND OR WIFE <u>ROBERT BIRD SETTLE</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. C. J. Settle (wife)</u> ADDRESS <u>Rock Port, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> ANTECEDENT CAUSES DUE TO (b) <u>" arteriosclerosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u> DUE TO (c) <u>—</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb</u> , 19 <u>46</u> , to <u>Jan 23</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Jan 23</u> , 19 <u>53</u> , and that death occurred at <u>8:25 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Charles B. Settle M.D.</u>		23b. ADDRESS <u>Rock Port Mo</u>	
23c. DATE SIGNED <u>Jan 23 53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-25-1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>GREEN HILL</u>		24d. LOCATION (City, town, or county) (State) <u>Rock Port Mo</u>	
DATE REC'D BY LOCAL REG. <u>Jan 29, 1953</u>		REGISTRAR'S SIGNATURE <u>Harvin W. Schoaler</u> ADDRESS <u>443-0 BARTHOLOMEW MORTUARY Rock Port</u>	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	

MAR 3 1954

**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 Geat Barthalomew.....

Licensed Embalmer No. 3173.....

P. O. Address Rock Port, 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.