

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38626**

FILED NOV 25 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **91** PRIMARY REG. DIST. NO. **5330** Registrar's No. **11**

1. PLACE OF DEATH a. COUNTY <b>CRAWFORD</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <b>MO</b> b. COUNTY <b>Crawford</b>	
b. CITY OR TOWN <b>DILLARD MO</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Dillard MO 0280</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>None</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>MILES</b> b. (Middle) <b>FRANKLEN</b> c. (Last) <b>SETZER.</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov 14-53</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>May 15-1893</b>	9. AGE (In years last birthday) <b>70</b>	IF UNDER 1 YEAR Months <b>6</b> Days <b>1</b> Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (State or foreign country) <b>DAVISVILLE MO</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>LOGAN SETZER</b>		13b. MOTHER'S MAIDEN NAME <b>MARGUERITE ANDRUS</b>		14. NAME OF HUSBAND OR WIFE <b>TILDA SETZER</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>078-05-1120</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>TILDA SETZER DILLARD MO</b>	

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		INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 years</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertensive Cardio Renal Disease</b>		
	ANTECEDENT CAUSES Morbid 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.			

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) <b>442X</b>	
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 **Feb 1953**, to **Nov 1953**, that I last saw the deceased alive on **14 Nov 1953**, and that death occurred at **1:30 PM**, from the causes and on the date stated above.

23a. SIGNATURE <b>John Hamilton MD</b>		23b. ADDRESS <b>Steelville, Mo</b>		23c. DATE SIGNED <b>19 Nov 53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>Nov 18-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Seller</b>	
		24d. LOCATION (City, town, or county) (State) <b>Dillard Mo</b>			

DATE REC'D BY LOCAL REG. <b>11. 21. 53</b>		REGISTRAR'S SIGNATURE <b>Elsie Hamilton</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Funeral Home Steelville Mo</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0280 /

DEC 9 1953

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.....

*Harry M. Brown*

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Harry M. Brown*

Licensed Embalmer No. *2628*

P. O. Address *St. Louis, 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.