

FILED FEB 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5305**

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 46

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|---|--|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY JASPER | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN | | c. LENGTH OF STAY (In this place) 20 DAYS | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ALBA <u>0470</u> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION FREEMAN HOSPITAL | | | d. STREET ADDRESS (If rural, give location) 1 | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) VIRGIL b. (Middle) MERLE c. (Last) SETSER | | | 4. DATE OF DEATH (Month) (Day) (Year) FEB. 10, 1955 | | |
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| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED | 8. DATE OF BIRTH FEB. 6, 1900 | 9. AGE (In years last birthday) 55 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Hours | IF UNDER 1000 MILLS. Mills |
|-----------------|---------------------------|---|---|---|---------------------------|---------------------------|-------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DRUGGIST | | 10b. KIND OF BUSINESS OR INDUSTRY DRUG STORE | 11. BIRTHPLACE (State or foreign country) PROSPERITY, MO. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME THOMAS NELSON SETSER | | 13b. MOTHER'S MAIDEN NAME BESSIE HANKINS | | 14. NAME OF HUSBAND OR WIFE ----- | |
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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) UNK | 16. SOCIAL SECURITY NO. NO. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. OLA CROWE, LOS ANGELES, CALIF. | | | |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-vascular-renal disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | INTERVAL BETWEEN ONSET AND DEATH From 2-12-53 to time of death. |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | |

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|------------------------|---|--|--|---|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 442X | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
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| 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) | | | |
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| 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? | | | |
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22. I hereby certify that I attended the deceased from 8-12-52, 19 , to 2-10-55, 19 , that I last saw the deceased alive on 2-10-55, 19 , and that death occurred at 2:14 p. m., from the causes and on the date stated above.

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| 23a. SIGNATURE <i>[Signature]</i> (Name, rank or title) R. W. Kuhn, M.D. | | 23b. ADDRESS 321 Frisco Building, Joplin, Missouri | | 23c. DATE SIGNED 2-12-55 | |
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| 24a. BURIAL, CREMATION, OR REMOVAL (Specify) BURIAL | 24b. DATE 2-12-55 | 24c. NAME OF CEMETERY OR CREMATORY STERLING CEMETERY | 24d. LOCATION (City, town, or county) (State) JASPER COUNTY, MISSOURI | | |
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| DATE REC'D BY LOCAL REG. 2-16-55 | REGISTRAR'S SIGNATURE <i>[Signature]</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO. | | |
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

County File Number 55-2-101
Date Filed FEB 21 1955

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.