

THE DIVISION OF HEALTH OF MISSOURI
FILED MAY 7 - 1957 STANDARD CERTIFICATE OF DEATH

13403
State File No. 1929

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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| 1. PLACE OF DEATH a. COUNTY JACKSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE KANSAS b. COUNTY WYANDOTTE | |
| b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY | | c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY 8150 | |
| c. LENGTH OF STAY (In this place) 3 weeks | | d. STREET ADDRESS (If rural, give location) 428 Fowler Street | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Menorah Hospital | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) FREDERICK b. (Middle) CLYDE c. (Last) SETTLE | 4. DATE OF DEATH (Month) (Day) (Year) April 21, 1957 |
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| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Oct. 3, 1909 | 9. AGE (In years last birthday) 47 | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 YEAR Hours | IF UNDER 1 YEAR Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | 10b. KIND OF BUSINESS OR INDUSTRY Meat packing | 11. BIRTHPLACE (State or foreign country) Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME William Clyde Settle | 13b. MOTHER'S MAIDEN NAME Nora Lou Hattie Smith | 14. NAME OF HUSBAND OR WIFE Mary Settle |
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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. 510-05-7804 | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary Settle | ADDRESS 428 Fowler |
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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Perforated diverticulum, lower sigmoid with abscess & generalized peritonitis. ANTECEDENT CAUSES purulent acute & chronic. Diverticulosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Bronchopneumonia. DUE TO (b) Rheumatic heart disease, decompensated DUE TO (c) auricular fibrillation. | | |
| 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 -- | 20. AUTOPSY? / YES <input checked="" type="checkbox"/> NO <input 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) -- | 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 4-1-57, 1957, to 4-21-57, 1957, that I last saw the deceased alive on 4-21-57, 1957, and that death occurred at 7:05 P m., from the causes and on the date stated above.

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| 23a. SIGNATURE Irene A. Wien | (Degree or title) I.A. Wien, M.D. | 23b. ADDRESS 321 Argyle Bldg. Kansas City, Mo. | 23c. DATE SIGNED 4-23-57 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 4-21-1957 | 24c. NAME OF CEMETERY OR CREMATORY Mt. Calvary | 24d. LOCATION (City, town, or county) (State) Kansas City, Kansas |
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| DATE REC'D BY LOCAL REG. 4-23-57 | REGISTRAR'S SIGNATURE neva minshall | 25. FUNERAL DIRECTOR'S SIGNATURE Matt Skradski | ADDRESS Skradski-Stine P. H. K.C.K. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



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 Matt M. Shrock

Signed
Student Embalmer

Licensed Embalmer No. 4382

P. O. Address Kansas City, Kansas

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.