Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-003493

STATE FILE NUMBER 161

JAN 26 1959 Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH
a. COUNTY ST. LOUIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BAPTIST HOSP. — Length of stay in 1b: 1 DAY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY PULASKI
c. CITY OR TOWN RICHLAND MO. — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 3135 SALOME AVE (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First SARAH Middle ISABELLE Last SETSER
4. DATE OF DEATH Month JAN. Day 5 Year 1959
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH SEPT. 20, 1901
9. AGE (In years last birthday) 57 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and state or country) RICHLAND, MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME MILTON HARRISON
13b. MOTHER'S MAIDEN NAME CATHER WHITTLE
14. NAME OF HUSBAND OR WIFE HERMAN SETSER
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 490-30-8410
17. INFORMANT HERMAN SETSER, Address RICHLAND, MO.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiac Failure (
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Metastatic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 8 mo.
DUE TO (c) Primary Breast
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 170 X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) —
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year —
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan 57, to Jan 59, and last saw her/him alive on 1-4-59.
Death occurred at 7:00 Am. 1-5-59, upon the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Curtis R. Lerwick (Degree or title) MD
22b. ADDRESS 453 N. Taylor Ave.
22c. DATE SIGNED 1-5-59.

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE JAN 7, 1959
23c. NAME OF CEMETERY OR CREMATORY OAKLAWN CEMETERY
23d. LOCATION (City, town, or county) RICHLAND (State) MISSOURI

24. FUNERAL DIRECTOR Billy Hedges Jr. ADDRESS RICHLAND
Hedges Funeral Home Inc. MO.
25. DATE REC'D BY LOCAL REG. JAN 7 '59
26. REGISTRAR'S SIGNATURE Earl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

JAN 26 1959

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 .....
Signature of Student Embalmer

Signed Clarence Moser

Licensed Embalmer No. 4896

P. O. Address Waynesville, N

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.