

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED FEB 28 1962 149

-62-006695

750 STATE FILE NUMBER

Registration District No. 1002 Primary Registration District No. 1002 Registrar's No.

AMENDED

|   |  |   |  |  |  |        |       |
|---|--|---|--|--|--|--------|-------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>   |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> |  |  |        |       |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Kansas City</u>   |  | Length of stay in 1b<br><u>20 yr.</u>   | c. CITY OR TOWN <u>Kansas City</u>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |        |       |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION<br><u>Research Hospital</u>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><u>3941 St. John</u>  |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |        |       |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br><u>Richard Rosamond Setzer</u>  |  |   | 4. DATE OF DEATH<br>Month Day Year<br><u>2-6-1962</u>  |  |  |        |       |
| 5. SEX<br><u>Male</u>   | 6. COLOR OR RACE<br><u>White</u>       | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><u>5-18-1873</u>   | 9. AGE (last birthday)<br><u>88</u>  |        |       |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Farmer</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Self</u>  | 11. BIRTHPLACE (City and state or country)<br><u>St. Joseph, Mo.</u>   |  | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>   |        |       |
| 13a. FATHER'S NAME<br><u>John C. Setzer</u>   |  | 13b. MOTHER'S MAIDEN NAME<br><u>Susan Newby</u>   |  | 14. NAME OF HUSBAND OR WIFE<br><u>Bessie Setzer</u>  |  |        |       |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>  |  | 16. SOCIAL SECURITY NO.<br><u>[Redacted]</u>  |  | 17. INFORMANT<br><u>Charlie V. Setzer</u><br>Address <u>307 W. Bellair<br/>K.C., Mo.</u>     |  |        |       |
| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Acute myocardial infarction.</u><br>DUE TO (b) <u>Arteriosclerotic heart disease</u><br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |  |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>14 hrs</u>  |        |       |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |  |   |  |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |        |       |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | 20a. ACCIDENT <input type="checkbox"/> | SUICIDE <input type="checkbox"/>  | HOMICIDE <input type="checkbox"/>  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |  |        |       |
| 20c. TIME OF INJURY<br>Hour a.m. p.m.<br>Month, Day, Year   |  |   |  |  |  |        |       |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 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 <u>2/5/62</u> to <u>2/6/62</u> and last saw him alive on <u>2/6/62</u><br>Death occurred at <u>8:30</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.  |  |   |  |  |  |        |       |
| 22a. SIGNATURE (Degree or title)<br><u>Wilson H. Miller, M.D.</u>   |  |   | 22b. ADDRESS <u>3626 Ind. Ave<br/>Kan. City 24, Mo.</u>  |  | 22c. DATE SIGNED<br><u>2/7/62</u>  |        |       |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  | 23b. DATE<br><u>2-9-1962</u>           | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Floral Hills Cemetery</u>  |  | 23d. LOCATION (City, town, or county) (State)<br><u>Kansas City, Mo.</u>                     |  |        |       |
| 24. FUNERAL DIRECTOR<br><u>P.H. Blackman &amp; Son</u>  |  | ADDRESS<br><u>San Jm. K.C. Mo.</u>  | 25. DATE RECD. BY LOCAL REG.<br><u>2-8-62</u>  | 26. REGISTRAR'S SIGNATURE<br><u>Ruth Long</u>  |  |        |       |

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF  
WILSON H. MILLER  
MEDICAL CERTIFICATION

**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 W.C. Quinn

Licensed Embalmer No. 4879

P. O. Address N.C., N.Y.

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.