

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43391**

Registrar's No. **170**

BIRTH NO.		REG. DIST. NO. 333		PRIMARY REG. DIST. NO. 3074		Registrar's No. 170	
1. PLACE OF DEATH a. COUNTY Scott				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Scott			
b. CITY (If outside corporate limits, write RURAL and give township) Sikeston		c. LENGTH OF STAY (In this place) 1		c. CITY (If outside corporate limits, write RURAL and give township) Sikeston		5	
d. FULL NAME OF HOSPITAL OR INSTITUTION 343 Smith Ave				d. STREET ADDRESS (If rural, give location) 343 Smith Ave			
3. NAME OF DECEASED (Type or Print) a. (First) LOUISA		b. (Middle) ELIZABETH		c. (Last) M^{rs} VEIGH		4. DATE OF DEATH (Month) (Day) (Year) 11-21-1949	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH March 5 1858	
9. AGE (In years last birthday) 91		IF UNDER 1 YEAR Months 8 Days 16		IF UNDER 12 HRS. Hours 16 Min.		11. BIRTHPLACE (State or foreign country) CHARLESTON ILL	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home				10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JAKE WEAVER		13b. MOTHER'S MAIDEN NAME LINDA		14. NAME OF HUSBAND OR WIFE ELZIE McVEIGH			
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Walter McVeigh - Son, Sikeston			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malnutrition & Senility ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis DUE TO (c) Slight Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 30 days 8-10 yrs 15 yrs 11 1/2 yr	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)			
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 Jan , 19 49 , to 21-Nov , 19 49 , that I last saw the deceased alive on 20-Nov , 19 49 , and that death occurred at 10:30A ., from the causes and on the date stated above.							
23a. SIGNATURE H.B. Thurgston M.D. (Degree or title)				23b. ADDRESS Sikeston, Mo		23c. DATE SIGNED 23-Nov-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11-22-1949		24c. NAME OF CEMETERY OR CREMATORY MATTHEWS		24d. LOCATION (City, town, or county) (State) MATTHEWS Mo	
DATE REC'D BY LOCAL REG. Dec 19-49		REGISTRAR'S SIGNATURE Mrs. Ella Hunter		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Welch Funeral Home - Sikeston Mo			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED DEC 19
District Health Office
District File Number 1249-
Date Filed _____

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. _____

Student
Student Embalmer

Signed Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Sikeston 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.