

FILED JAN 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 626

12

BIRTH NO. REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 5303 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural--Jefferson Twnshp		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural--Jefferson Twnshp	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.R.#3, Jefferson City, Mo		R.R.#3, Jefferson City, Mo	

3. NAME OF DECEASED (Type or Print) a. (First) Henry	b. (Middle) Bernard	c. (Last) Veltrop	4. DATE OF DEATH (Month) (Day) (Year) Jan 12 1950
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5. SEX Male <input checked="" type="radio"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept-13-1904	9. AGE (In years last birthday) 45	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custom Work	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Taos, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Albert Veltrop	13b. MOTHER'S MAIDEN NAME Anna Schieders	14. NAME OF HUSBAND OR WIFE Marie J. Veltrop
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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. None	17. INFORMANT'S SIGNATURE OR NAME Marie J. Veltrop	ADDRESS Jefferson City, Mo
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Sudden death 4200
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>(Dead on arrival)</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 12, 1950, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Carl L. Lloyd</u> (Degree or title) R.S.	23b. ADDRESS Jefferson City, Mo	23c. DATE SIGNED 1-13-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan-14-50	24c. NAME OF CEMETERY OR CREMATORY Taos Catholic Cem	24d. LOCATION (City, town, or county) (State) Taos, Missouri
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DATE REC'D BY LOCAL REG. Jan 13-1950	REGISTRAR'S SIGNATURE <u>R.P. Darris</u>	GENERAL DIRECTOR'S SIGNATURE <u>W. R. ...</u>	ADDRESS Jefferson City, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

260
1

MAR 14 1950

RECEIVED
JAN 16 1950
District Health Officer No. 9,
District File Number

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
Student Embalmer

Signed George P. Dulle

Licensed Embalmer No. 3890

P. O. Address Jefferson City 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.