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FILED FEB 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1409
309

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Jackson	
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	
c. LENGTH OF STAY (in this place) 6 weeks		d. STREET ADDRESS (If rural, give location) 3811 East 36th St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3811 East 36th St.			

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3. NAME OF DECEASED (Type or Print) a. (First) RALPH b. (Middle) B. c. (Last) Veach.			4. DATE OF DEATH (Month) (Day) (Year) Jan. 16 1950		
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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. 8, 1896	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months Days	IF UNDER 14 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auditor		10b. KIND OF BUSINESS OR INDUSTRY Riley Wilson Gro. Co.		11. BIRTHPLACE (State or foreign country) Bucklin, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
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13a. FATHER'S NAME William Veach		13b. MOTHER'S MAIDEN NAME Margaret Bates		14. NAME OF HUSBAND OR WIFE Ida.	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) W.W.I.		16. SOCIAL SECURITY NO. 499-09-5191		17. INFORMANT'S SIGNATURE OR NAME J.E. Jones ADDRESS 3811 East 36th St.	
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18. CAUSE OF DEATH Enter only one cause per line (a), (b), and (c) Myocardial infarction <i>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis Coronary Arteriosclerosis				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis					
		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 checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Hugh H. Owens (Degree or title)		23b. ADDRESS 1034 Chestnut Bldg		23c. DATE SIGNED 1-18-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 21, 1950		24c. NAME OF CEMETERY OR CREMATORY Green Lawn		24d. LOCATION (City, town, or county) (State) Kansas City Mo.	
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DATE REC'D BY LOCAL REG. 1-20-50		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE J.P. Louis ADDRESS Funeral Home K.C. Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

CORR. BY AFF. AUG. 1950

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 _____

Grey Buffington

Licensed Embalmer No. *27576*

P. O. Address *KC Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

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

TO: THE BUREAU OF VITAL STATISTICS,
Kansas City, Missouri:

STATE OF OKLAHOMA)
)
) ss.
COUNTY OF PITTSBURG)

JACKIE PARISH, of lawful age, being first duly sworn,
states that she is the daughter of RALPH B. VEACH, and had knowledge
of the domestic relations of the said RALPH B. VEACH; that said
RALPH B. VEACH was married and had a living wife on the 16th day of
January, 1950, at which time the said RALPH B. VEACH, died, said wife
being IDA HORNE VEACH, of McAlester, Pittsburg County, Oklahoma.

Jackie Parish

Subscribed and sworn to before me this 7th day of
August, 1950.

Leslie Clanton
Notary Public

My Commission expires 3/22/53