

No. 300
10-48

FILED MAR 28 1950

STANDARD CERTIFICATE OF DEATH

State File No. **9635**

0644

BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **2043** Registrar's No. **82**

1. PLACE OF DEATH
 a. COUNTY **Marion**
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Hannibal, Missouri**
 c. LENGTH OF STAY (In this place) _____
 d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Elizabeth Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE **Missouri** b. COUNTY **Ralls**
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Perry, Missouri**
 d. STREET ADDRESS (If rural, give location) **1**

3. NAME OF DECEASED
 a. (First) **Donald** b. (Middle) **Ernest** c. (Last) **Veal**

4. DATE OF DEATH (Month) (Day) (Year)
March 13, 1950

5. SEX
Male

6. COLOR OR RACE
white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH **1877**
September 1,

9. AGE (In years last birthday) **73** # UNDER 1 YEAR **6** # UNDER 12 HOURS **13** # UNDER 1 MIN. _____

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)
Plumber

10b. KIND OF BUSINESS OR INDUSTRY
Plumbing

11. BIRTHPLACE (State or foreign country)
Monroe Co., Missouri

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME
Francis Marion Veal

13b. MOTHER'S MAIDEN NAME
Nannie

14. NAME OF HUSBAND OR WIFE
Nellie Pearl Veal

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 **ADDRESS**
Mrs. Nellie Veal, Perry, Missouri

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Myocardial Insufficiency**
ANTECEDENT CAUSES **Due to (b) La Schar Pneumonia**
Due to (c) Cerebral Vascular Accident
II. OTHER SIGNIFICANT CONDITIONS **Arteriosclerosis Scurvy**

INTERVAL BETWEEN ONSET AND DEATH
6 mo
4 days
6 days
5 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
 YES NO

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)
A521

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK **NOT WHILE AT WORK**

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **March 12, 1950**, to **March 13, 1950**, that I last saw the deceased alive on **March 12, 1950**, and that death occurred at **5:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
[Signature] M.D.

23b. ADDRESS
Hannibal, Missouri

23c. DATE SIGNED
3-18-50

24a. BURIAL, CREMATION, REMOVAL (Specify)
burial

24b. DATE
3/15/1950

24c. NAME OF CEMETERY OR CREMATORY
Lick Creek Cemetery

24d. LOCATION (City, town, or county) (State)
Perry, Missouri

DATE REC'D BY LOCAL REG.
3-21-50

REGISTRAR'S SIGNATURE
Dr. E. M. Lucke

FUNERAL DIRECTOR'S SIGNATURE **ADDRESS**
[Signature] Perry, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAR 24 1950
MARION O. HEALTH DEPT.
DATE FILED MAR 27 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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed Clyde C. Wilkes

Licensed Embalmer No. 3829

P. O. Address Temp Ins

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.