

FILED DEC 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39907

| | | | | | | | | | |
|---|-------------------------------|--|---|---|---|---|---|----------------------------------|--------------------------|
| BIRTH NO. _____ | | REG. DIST. NO. <u>42</u> | | PRIMARY REG. DIST. NO. <u>1000</u> | | Registrar's No. <u>1392</u> | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> | | c. LENGTH OF STAY (in this place) <u>8 yrs.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> | | <u>0117</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>1021 No. 3rd.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>1021 No. 3rd</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Samuel</u> | | | b. (Middle) <u>Tilden</u> | | c. (Last) <u>Veale</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>December 6, 1950</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>March 9, 1882</u> | | 9. AGE (In years last birthday) <u>68</u> | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 24 HRS. Hours | IF UNDER 24 HRS. Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u> | | 11. BIRTHPLACE (State or foreign country) <u>Union Star, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | |
| 13a. FATHER'S NAME <u>John Hamilton Veale</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Rebecca Jenkins</u> | | 14. NAME OF HUSBAND OR WIFE <u>Florence Elizabeth Veale</u> | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Florence Veale</u> | | ADDRESS <u>1021 No. 3rd St. Joseph</u> | | | | |
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Endocarditis ch.</u> | | | | 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) <u>Cancer of Pyloric Stomach</u> DUE TO (c) <u>Nephritis ch.</u> | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | | <u>15X</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>St. Joseph - Buchanan - Mo</u> | | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <input checked="" type="checkbox"/> | | | | | |
| 22. I hereby certify that I attended the deceased from <u>12-4-1950</u> , to <u>12-6-1950</u> , that I last saw the deceased alive on <u>12-6-1950</u> , and that death occurred at <u>12:30pm.</u> , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>B B Simmons M.D. U.</u> | | | | 23b. ADDRESS <u>St Joseph Mo</u> | | 23c. DATE SIGNED <u>12-7-50</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Dec. 9, 1950</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Union Star Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Union Star, Missouri</u> | | | | |
| DATE REC'D BY LOCAL REG. <u>Dec 12, 1950</u> | | REGISTRAR'S SIGNATURE <u>Carl E. Casper</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Wester-Burman Funeral Home</u> | | ADDRESS <u>St. Joseph, Mo</u> | | | |

Dr. B. B. Williams

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 *William Spalding*

Licensed Embalmer No. *4535*

P. O. Address *319 S. 10th St. Pasadena, Ca*

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.