

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4465

FILED JAN 26 1953

BIRTH NO. _____		REG. DIST. NO. 324		PRIMARY REG. DIST. NO. 6093		Registrar's No. 15	
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Marshall twp.</u>		c. LENGTH OF STAY (In this place) <u>2 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u>		0972	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Saline County Home</u>				d. STREET ADDRESS (If rural, give location) <u>166 1/2 South Jefferson</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ernest</u> b. (Middle) <u>E.</u> c. (Last) <u>Veal</u>				4. DATE OF DEATH Jan. 17, 1953 (Month) (Day) (Year)			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept. 8, 1886</u>	
9. AGE (In years last birthday) <u>66</u>		10. MONTHS <u>4</u> DAYS <u>9</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mohroe County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Hand</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		13. FATHER'S NAME <u>Unknown</u>			
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Welfare Office Records-Marshall, Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia Virus</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Cardiac Renal</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>492X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1/14/53</u> <u>14x</u>	
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)			
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 <u>1/15</u> , 19 <u>53</u> , to <u>1-16</u> , 19 <u>53</u> that I last saw the deceased alive on <u>1-16</u> , 19 <u>53</u> and that death occurred at <u>6:15 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u>		(Degree or title)		23b. ADDRESS <u>Marshall</u>		23c. DATE SIGNED <u>1/17-53</u>	
24a. MANNER OF BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 20, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Saline County Home</u>		24d. LOCATION (City, town, or county) (State) <u>Saline County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Jan-19-1953</u>		REGISTRAR'S SIGNATURE <u>Edw. J. Gray</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Campbell-Lewis</u>		ADDRESS <u>MARSHALL, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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

Licensed Embalmer No. _____

P. O. Address _____

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.