

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42254**
Registrar's No. **402**

FILED DEC 21 1953

BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008**

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton		c. CITY OR TOWN Fulton	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY IN INSTITUTION 5 Months		e. STREET ADDRESS (If rural, give location) 303 Sunset Drive 0143	
d. FULL NAME OF HOSPITAL OR INSTITUTION Callaway Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Robert	b. (Middle) Bledso	c. (Last) McVeigh	4. DATE OF DEATH (Month) (Day) (Year) Dec. 9, 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 9, 1871	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Druggist	11. BIRTHPLACE (City and State or Foreign Country) Callaway County Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James W. McVeigh	13b. MOTHER'S MAIDEN NAME Sallie Ann Guerrant	14. NAME OF HUSBAND OR WIFE Annie Watson McVeigh
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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. Don't Know	17. INFORMANT'S SIGNATURE OR NAME Edna McVeigh	ADDRESS Fulton 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma St. Parotid		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION May 53 (?)		19b. MAJOR FINDINGS OF OPERATION 1421	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)
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?

22. I hereby certify that I attended the deceased from **1945 to 12-9, 1953**, that I last saw the deceased alive on **12-9, 1953**, and that death occurred at **11:04 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE John J. Brown MD	(Degree or title) MD	23b. ADDRESS Fulton Mo	23c. DATE SIGNED 12-12-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/11/53	24c. NAME OF CEMETERY OR CREMATORY Ebenezer	24d. LOCATION (City, town, or county) (State) Callaway County Mo.
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DATE REC'D BY LOCAL REG. Dec-13-1953	REGISTRAR'S SIGNATURE Maretta Lawrence	426-0	25. FUNERAL DIRECTOR'S SIGNATURE Frank Stone	ADDRESS Fulton Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

MAR 14 1955

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.....
Signature of Student Embalmer

Signed *Wm A. Smith*.....

Licensed Embalmer No. *3722*.....

P. O. Address *Fulton 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.