

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8114**

FILED MAR 22 1954
BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **72**

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole	
b. CITY OR TOWN Jefferson City, Mo.	c. LENGTH OF STAY (in this place) 5 Days	c. CITY OR TOWN Jefferson City	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital		e. STREET ADDRESS (If rural, give location) R. R 2 Jefferson City, Mo.	

3. NAME OF DECEASED (Type or Print) a. (First) Albert b. (Middle) Veltrop c. (Last) Veltrop			4. DATE OF DEATH (Month) (Day) (Year) March 12, 1954		
5. SEX Male	6. COLOR (OR RACE) White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 28, 1866	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR: Months 4 Days 14
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (Retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Holland		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Henry John Veltrop	13b. MOTHER'S MAIDEN NAME Mary Spinn	14. NAME OF HUSBAND OR WIFE Anna Schnieders
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Leo Veltrop ADDRESS J. C. MO.

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 3 yo
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerotic heart disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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"/>
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 <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 **6-4-1951**, to **3-12-1954**, that I last saw the deceased alive on **3-11-1954**, and that death occurred at **5:53 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Earl J. Loyd, M.D. (Degree or title)	23b. ADDRESS Jeff. City, Mo.	23c. DATE SIGNED 3-16-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/15/54	24c. NAME OF CEMETERY OR CREMATORY St. Francis Xavier
		24d. LOCATION (City, town, or county) (State) Tabs, Mo.

DATE REC'D BY LOCAL REG. Mar 16-54	REGISTRAR'S SIGNATURE R. P. Harris, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Sybil... Gulle ADDRESS J. C. MO.
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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.....
Signature of Student Embalmer

Signed..... *Sylvester Dulle*

Licensed Embalmer No. *432*

P. O. Address *Jefferson*

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.