

FILED DEC 6 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38150**

| | | | | | | | | | | | |
|--|--|---|--|--|---|---|---|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>245</u> | | PRIMARY REG. DIST. NO. <u>3047</u> | | Registrar's No. <u>131</u> | | | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Newton</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> | | | | b. COUNTY <u>Lawnence</u> | | | |
| b. CITY OR TOWN <u>Neosho</u> | | c. LENGTH OF STAY (in this place) <u>3 1/2 yrs</u> | | c. CITY OR TOWN <u>PIERCE CITY</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SALE Memorial hospital</u> | | | | e. STREET ADDRESS (If rural, give location) <u>EAST COMMERCIAL 0551</u> | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) <u>FRANCIS CHARLES VELTEN</u> | | | a. (First) | | | b. (Middle) | | | c. (Last) | | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>11 22 1954</u> | | | 5. SEX <u>M</u> | | | 6. COLOR OR RACE <u>W</u> | | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | |
| 8. DATE OF BIRTH <u>10-29-1927</u> | | | 9. AGE (In years last birthday) <u>27</u> | | | if UNDER 1 YEAR Months Days | | | if UNDER 1 HR. Hours Min. | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MAIL CLERK</u> | | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>FORT SHOWDEN</u> | | | | 11. BIRTHPLACE (City and State or Foreign Country) <u>PIERCE CITY, MO.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | |
| 13a. FATHER'S NAME <u>CHARLES VELTEN</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Josephine SCHALLERT</u> | | | 14. NAME OF HUSBAND OR WIFE <u>TERESA VELTEN</u> | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WWII</u> | | | 16. SOCIAL SECURITY NO. <u>497-24-4417</u> | | | 17. INFORMANT'S SIGNATURE OR NAME <u>MRS Francis VELTEN</u> | | | ADDRESS <u>PIERCE CITY, 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemopneumothorax, Head Injury</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>3 days</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) _____ | | | | | | | |
| | | | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture, multiple - multiple comminuted Compound</u> | | | | | | | |
| 19a. DATE OF OPERATION <u>Nov 19</u> | | | 19b. MAJOR FINDINGS OF OPERATION | | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u> | | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Granby Newton MO</u> | | | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov 19 1954 5:40 P.M.</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>Car accident</u> | | | | | | | |
| 22. I hereby certify that I attended the deceased from <u>Nov 19</u> , 19 <u>54</u> , to <u>Nov 22</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Nov 22</u> , 19 <u>54</u> , and that death occurred at <u>8:20 P.M.</u> , from the causes and on the date stated above. | | | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>M. Carter MD</u> | | | | 23b. ADDRESS <u>Neosho MO</u> | | | | 23c. DATE SIGNED <u>Nov 27</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>11-26-1954</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>ST MARYS</u> | | | 24d. LOCATION (City, town, or county) (State) <u>PIERCE CITY MO</u> | | | | |
| DATE REC'D BY LOCAL REG. <u>11-27-54</u> | | REGISTRAR'S SIGNATURE <u>Melvin C. Bowman</u> | | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm J Wesell Pierce City MO</u> | | | | | |

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

DEC 31 1954

RECEIVED

NEWTON COUNTY HEALTH DEPT

District Health Officer No. _____

District File Number 1254-249

Date Filed DEC 3 1954

NEOSHO, MISSOURI

DEC 6 1954

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 me Student Embalmer No. _____ working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed R. Gordon Bennett

Licensed Embalmer No. 421

P. O. Address Monett

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.