

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **8455**

FILED APR 14 1955

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1253

| | | | | | | | | |
|--|-------------------------------|--|---|---|--|--|--|----------------------------------|
| 1. PLACE OF DEATH a. COUNTY Jackson | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kansas b. COUNTY Atchison | | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) Kansas City, Missouri | | c. LENGTH OF STAY (in this place) 6 hrs 45 min | | c. CITY OR TOWN Atchison | | d. 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 St Luke's Hospital | | | | STREET ADDRESS (If rural, give location) 923 W 5th 8158 | | | | |
| 3. NAME OF DECEASED a. (First) Trena | | | b. (Middle) _____ | c. (Last) Veth | | 4. DATE OF DEATH (Month) (Day) (Year) March 19 1955 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single | 8. DATE OF BIRTH May 14, 1898 | | 9. AGE (In years last birthday) 56 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | | 10b. KIND OF BUSINESS OR INDUSTRY None | | 11. BIRTHPLACE (City and State or Foreign Country) Mirrmann, Mo | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME John Veth | | | 13b. MOTHER'S MAIDEN NAME Othilla Eick | | 14. NAME OF HUSBAND OR WIFE Single | | | |
| 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 Thos J Curtis ADDRESS 1428 E 7th St | | | | |
| 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 |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE PULMONARY OEDEMA WITH BILATERAL PLEURAL EFFUSIONS | | | | DUPLICATE PLEURAL EFFUSIONS | | | | |
| ANTECEDENT CAUSES | | | | DUPLICATE PLEURAL EFFUSIONS | | | | |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | DUE TO (b) CARDIAC FAILURE | | | | |
| | | | | DUE TO (c) HYPERTENSIVE HEART DISEASE | | | | 443h |
| 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) 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 3-19 , 1955, to 3-19 , 1955, that I last saw the deceased alive on 3-19 , 1955, and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE Edw. H. Thiessen (Degree or title) | | | | 23b. ADDRESS 116 W 47th St KC Mo | | 23c. DATE SIGNED 3-19-55 | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE 3-19-55 | 24c. NAME OF CEMETERY OR CREMATORY MT. Calvary | | 24d. LOCATION (City, town, or county) (State) Atchison Kansas | | | |
| DATE REC'D BY LOCAL REG. 3-19-55 | | REGISTRAR'S SIGNATURE Neva Marshall | | 25. FUNERAL DIRECTOR'S SIGNATURE Harold Buis ADDRESS Atchison, Kans | | | | |
| (Licensed Embalmer's Statement on Reverse Side) By Bidmons | | | | | | | | |

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.....

Licensed Embalmer No. 453

P. O. Address Kansas

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.