

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. **15019**

No. 300
10.48

FILED JUN 6 1955

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

BIRTH NO. _____		REG. DIST. NO. 77		PRIMARY REG. DIST. NO. 5304		Registrar's No. 166			
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 Osage Bluff Rural		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) Osage Bluff Rural 0260					
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural RFD #4 Osage Township				d. STREET ADDRESS (If rural, give location) Rural RFD #4 Osage Township					
3. NAME OF DECEASED (Type or Print) Mary Schneider Veit			a. (First) _____		b. (Middle) _____		c. (Last) _____		
4. DATE OF DEATH (Month) (Day) (Year) May 28, 1955		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Oct 28, 1867	
9. AGE (In years last birthday) 87		IF UNDER 1 YEAR Months 7 Days 0		IF UNDER 24 HRS. Hours 0 Mins. _____		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY OWN	
11. BIRTHPLACE (City and State or Foreign Country) Toas, Mo.				12. CITIZEN OF WHAT COUNTRY? USA					
13a. FATHER'S NAME Bernard Schneider			13b. MOTHER'S MAIDEN NAME Amattie Taube			14. NAME OF HUSBAND OR WIFE Albert Veit			
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. no		17. INFORMANT'S SIGNATURE OR NAME Frank Veit			ADDRESS Jefferson City, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure						1 mo	
		ANTECEDENT CAUSES							
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerotic heart disease 4200F DUE TO (c) _____						3 yr	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility, fracture of hip, cirrhosis of liver						- 4 mo 3 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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) _____		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 May 16, 1952 to May 28, 1955 , that I last saw the deceased alive on Feb 2, 1955 , and that death occurred at 11 A.M. , from the causes and on the date stated above.									
23a. SIGNATURE William A. [Signature]				23b. ADDRESS 125 E. 14th St. Jefferson City Mo.				23c. DATE SIGNED 6-1-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 31, 1955		24c. NAME OF CEMETERY OR CREMATORY Osage Bluff Cemetery		24d. LOCATION (City, town, or county) (State) Osage Bluff, MO. RFD #4			
DATE REC'D BY LOCAL REG. June 1-55		REGISTRAR'S SIGNATURE R.P. Davis MD MR		25. FUNERAL DIRECTOR'S SIGNATURE Victor Buescher		ADDRESS Jefferson City Mo			

(Licensed Embalmer's Statement on Reverse Side)

JUL 7 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
Student Embalmer

Signed Victor Buescher

Licensed Embalmer No. 3781

P. O. Address Jefferson City, 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 this body is not embalmed, fact should be so stated above.