

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 366
5BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) OR TOWN <u>St. Joseph</u>		c. CITY OR TOWN <u>St. Joseph</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>St. Joseph's Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>10th & Powell Street</u> <u>01170</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Edna</u> c. (Last) <u>Veatch</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 1, 1956</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Annulled</u>	8. DATE OF BIRTH <u>Jan. 5, 1887</u>
9. AGE (In years last birthday) <u>68</u>		IF UNDER 1 YEAR Days <u>21</u>	IF UNDER 2 HRS. Hour <u>1</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bell Tel. Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Phone Company</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Milan, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Albert Newton Veatch</u>	
13b. MOTHER'S MAIDEN NAME <u>Nelle Ellen Ryan</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>R.F. Veatch 1111 Lafayette St. City</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Jts</u> <u>590-</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</u>	
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 <u>Jan 1, 1956</u> , to <u>Jan 1, 1956</u> , that I last saw the deceased alive on <u>Jan 1, 1956</u> , and that death occurred at <u>10:05 a.m.</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Harry K. Karpman</u>		23b. ADDRESS <u>670 Francis St. City</u>	
23c. DATE SIGNED <u>1/3/56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 4, 56</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Milan, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Jan 5, 1956</u>		REGISTRAR'S SIGNATURE <u>Ether M. Allison</u> 485- FUNERAL DIRECTOR'S SIGNATURE <u>Herman W. Sidenfaden</u> ADDRESS <u>St. Joseph Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 20 1963

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 Richard E. Nichols....., Student Embalmer No. 521..... working under my personal supervision..

Student Richard E. Nichols.....
Signature of Student Embalmer

Signed Robert H. Gaylor.....
Licensed Embalmer No. 3308.....

P. O. Address St. Joseph,.....

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.