No. 300
10-48

FILED JUN 24 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 021924
State File No.

BIRTH NO. _____ REG. DIST. NO. 231 228 PRIMARY REG. DIST. NO. 5108 Registrar's No. 32

1. PLACE OF DEATH
a. COUNTY Montgomery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Bear Creek
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Kansas
b. COUNTY Wyandotte
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City 4150
d. STREET ADDRESS (If rural, give location) 1154 Quindaro Blvd

3. NAME OF DECEASED (Type or Print) a. (First) Herbert b. (Middle) John c. (Last) Vey Sr.
4. DATE OF DEATH (Month) (Day) (Year) 6 - 16 - 1957
5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 2-21-1904
9. AGE (In years last birthday) 53 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) Driver
10b. KIND OF BUSINESS OR INDUSTRY Trucking
11. BIRTHPLACE (City and State or Foreign Country) St Joseph Missouri
12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME Vey
13b. MOTHER'S MAIDEN NAME Johanna
14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) dryes (If yes, give war or dates of service) Navy W.W. No 2
16. SOCIAL SECURITY NO. 491-10-7864
17. INFORMANT'S SIGNATURE OR NAME Mrs. M.E. Mapes - ADDRESS 1154 Quindaro

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) By falling undre Wabash Freight train, Accidental Death

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. 802X

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 35
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident
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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 070

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) F.J. Ball Coroner
23b. ADDRESS Jonesburg, Missouri
23c. DATE SIGNED 6-16-57
24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE
24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery
24d. LOCATION (City, town, or county) (State) St Joseph Missouri
DATE REC'D BY LOCAL REG. 6/16/57
REGISTRAR'S SIGNATURE Laura E. Callaway
25. FUNERAL DIRECTOR'S SIGNATURE E.A. Harding ADDRESS Jonesburg Mo

(Licensed Embalmer's Statement on Reverse Side)

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

500
0

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 Earl A. Harding

Licensed Embalmer No. 4115

P. O. Address Jonesburg 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.