

FILED DEC 16 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43882**

BIRTH NO. _____ REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **3017** Registrar's No. **155**

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY Cooper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boonville	c. LENGTH OF STAY (in this place) 2 weeks	c. CITY OR TOWN Boonville	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 (If not in hospital or institution, give street address or location) St. Joseph Hospital		STREET ADDRESS (If rural, give location) 0270	

3. NAME OF DECEASED (Type or Print) a. (First) Nettie b. (Middle) Buschmeyer c. (Last) Veazey	4. DATE OF DEATH (Month) (Day) (Year) December 8 1957
---	---

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 3 Divorced	8. DATE OF BIRTH Dec. 14 1905	9. AGE (In years last birthday) 51	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 Own home	11. BIRTHPLACE (City and State or Foreign Country) Boonville, Missouri.	12. CITIZEN OF WHAT COUNTRY? USA
---	--	---	--

13a. FATHER'S NAME Wm. Buschmeyer	13b. MOTHER'S MAIDEN NAME Lizzie Brewe.	14. NAME OF HUSBAND OR WIFE ---
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 487-07-1625	17. INFORMANT'S SIGNATURE OR NAME Mrs. John Payne, Jamestown, Mo.	ADDRESS
--	--	---	---------

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 5-6 days 3 months? 1 hour ? 6 months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Congestion, Cardiac Failure		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary Metastases DUE TO (c) Carcinoma R. & L. Breast, advanced		
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? 2 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) (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 **Dec. 3**, 19**57**, to **Dec. 8**, 19**57**, that I last saw the deceased alive on **Dec. 8**, 19**57**, and that death occurred at **8:30 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. T. Humphreys, M.D.	23b. ADDRESS Boonville, Mo	23c. DATE SIGNED Dec. 11, 1957
--	--------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 10 1957	24c. NAME OF CEMETERY OR CREMATORY Walnut Grove	24d. LOCATION (City, town, or county) (State) Boonville, Missouri
--	----------------------------------	---	---

DATE REC'D BY LOCAL REG. 12/11/57	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Goodman & Boller, Boonville, Mo.	ADDRESS
---	---	---	---------

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

3-1

FEB 20 1958

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 *William N. Wood*

Licensed Embalmer No. 4539

P. O. Address Boonville, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.