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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

342

STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 32

|  |                                  |   |   |  |  |
|--|----------------------------------|---|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Buchanan</u>   |                                  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <u>St. Joseph</u>  |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY<br>OR<br>TOWN <u>St. Joseph</u>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                       |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION <u>2903 Jule</u>   |                                  | Length of stay in 1b<br><u>29 years</u>   | d. STREET<br>ADDRESS (If outside, give location) <u>2903 Jule</u>   |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                      |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <u>John</u> Middle <u>Anton</u> Last <u>Veraguth</u>   |                                  |   | 4. DATE<br>OF<br>DEATH<br>Month <u>Jan.</u> Day <u>10,</u> Year <u>1958</u>   |  |  |
| 5. SEX<br><u>male</u>  | 6. COLOR OR RACE<br><u>white</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>April 27, 1866</u>   | 9. AGE (In years<br>last birthday) <u>91</u>         | IF UNDER 1 YEAR<br>Months Days Hours Min.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Ret. farmer</u>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>farm</u>  | 11. BIRTHPLACE (City and state or country) <u>St. Joseph, Mo.</u>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>   |
| 13a. FATHER'S NAME<br><u>John A. Veraguth</u>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><u>Nettie Bodenhausen</u>  |   | 14. NAME OF HUSBAND OR WIFE<br><u>Matilda A.</u>     |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>  |                                  | 16. SOCIAL SECURITY NO.<br><u>none</u>  | 17. INFORMANT<br>Address<br><u>Mrs. Christine Schottel, 2903 Jule, St. Joseph, Mo.</u>  |  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u>  |                                  |   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 week</u>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }<br>DUE TO (b) <u>Arteriosclerosis Generalized</u>   |                                  |   |   |  | <u>?</u>   |
| DUE TO (c)   |                                  |   |   |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>4201</u>   |                                  |   |   |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  |                                  |   | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |  |  |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a.m.<br>p.m.   |                                  |   |   |  |  |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>   |                                  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |   | 20f. CITY, TOWN, OR LOCATION COUNTY STATE            |  |
| 21. I attended the deceased from <u>10-3-56</u> to <u>1-9-58</u> and last saw him alive on <u>1-9-58</u><br>Death occurred at <u>12:00 noon</u> m on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |   |   |  |  |
| 22a. SIGNATURE<br><u>[Signature]</u> (Degree or title)   |                                  |   | 22b. ADDRESS<br><u>2603 Federal</u>   |  | 22c. DATE SIGNED<br><u>1-13-58</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>burial</u>   |                                  | 23b. DATE<br><u>1/12/1958</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Evangelical Cemetery</u>   |  | 23d. LOCATION (City, town, or county) (State)<br><u>Cosby, Missouri</u>                                    |
| 24. FUNERAL DIRECTOR<br><u>Heaton-Bowman</u>   |                                  | ADDRESS<br><u>St. Joseph, Mo.</u>   |   | 25. DATE RECD. BY LOCAL REG.<br><u>Jan. 16, 1958</u> | 26. REGISTRAR'S SIGNATURE<br><u>Mrs. Robert Fulton</u>   |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 Spelling* .....

Licensed Embalmer No. *4535* .....  
P. O. Address *295 10th St* .....

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.