

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015313
STATE FILE NUMBER

FILED MAY 9 1958

Registration District No. 290 Primary Registration District No. 4431 Registrar's No. 64

300
1-57
850

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

| | | | |
|---|-------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Pulaski</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Dixon</u> | | c. CITY OR TOWN <u>Dixon</u> | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If outside, give location) | |
| Length of stay in 1b | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Veasman</u> Last <u>Veasman</u> | | | 4. DATE OF DEATH Month <u>4</u> Day <u>27</u> Year <u>1958</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>9/17/1883</u> |
| 9. AGE (In years last birthday) <u>74</u> | | 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) <u>Carpenter, Retired</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) <u>Dixon, Missouri</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | | 13a. FATHER'S NAME <u>Chris Veasman</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Martha Mitchell</u> | | 14. NAME OF HUSBAND OR WIFE <u>Mary Veasman</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>495-12-0060</u> | 17. INFORMANT Address <u>Mrs. William Veasman, Dixon, Missouri</u> |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Conjastive heart failure</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Fracture of right femur Feb 13, 1958.</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.) <u>4341 F</u> | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. | | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT <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>Feb 13, 1958</u> to <u>April 26, '58</u> and last saw ^{him} <u>him</u> alive on <u>April 26, 1958</u> Death occurred at <u>6:55 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Conley J. Galt D.O.</u> | | 22b. ADDRESS <u>Dixon, Mo.</u> | 22c. DATE SIGNED <u>4-28-58</u> |
| 23a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>4/29/1958</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Dixon Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Dixon, Missouri</u> |
| 24. FUNERAL DIRECTOR ADDRESS <u>Gilbert Funeral Home, Inc. Dixon, Missouri</u> | | 25. DATE RECD. BY LOCAL REG. <u>4-29-58</u> | 26. REGISTRAR'S SIGNATURE <u>Pauline Anderson</u> |

MAY 23 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 *Maurice E. Schierbaum*

Licensed Embalmer No. *4505*
P. O. Address *Dixon, Missouri*

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.