

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-004778  
STATE FILE NUMBER

FILED FEB 24 1959 Registration District No. 55 Primary Registration District No. 3011 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <i>Carroll</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Carroll</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Carrollton</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Carrollton</i> <sup>0171</sup>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Bales Hosp.</i>		Length of stay in 1b <i>40 yrs.</i>	d. STREET ADDRESS (If outside, give location) <i>208 W. Benton</i>
3. NAME OF DECEASED (Type or print) First Middle Last <i>ETTA MAY VEACH</i>			4. DATE OF DEATH Month Day Year <i>Feb. 13, 1959</i>
5. SEX <i>Fe. 1</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Jan. 7, 1881</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>78</i> IF UNDER 1 YEAR: Months Days Hours Min.
11. BIRTHPLACE (City and state or country) <i>Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Levi Booker</i>		13b. MOTHER'S MAIDEN NAME <i>Louise Stamm</i>	14. NAME OF HUSBAND OR WIFE <i>John Veach</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT <i>John Veach</i> Address <i>Carrollton Mo</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocardial Insufficiency</i> <i>Obesity - atherosclerosis.</i> DUE TO (b) <i>Recurrently by hypertension.</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <i>12 days</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Cerebral hemorrhage of Cerebrum 443X</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.) ITEM <i>4</i> CORRECTED	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		BY AFFIDAVIT OF <i>Registration</i> <i>2-27-59</i>	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT 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 <i>Feb 1 59</i> to <i>Feb 13 1959</i> and last saw her/him alive on <i>Feb 13 1959</i> Death occurred at <i>1:45 P.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Eugene L. Bales M.D.</i> (Degree or title)		22b. ADDRESS <i>Carrollton MO</i>	22c. DATE SIGNED <i>2-13-59</i>
23a. BYRIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>Feb 15, 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Oak Hill Cem.</i>	23d. LOCATION (City, town, or county) (State) <i>Carrollton Mo.</i>
24. FUNERAL DIRECTOR <i>Stanley Gibson, Carrollton Mo.</i> ADDRESS		25. DATE RECD. BY LOCAL REG. <i>2-13-59</i>	26. REGISTRAR'S SIGNATURE <i>Mrs. Herbert Calvert</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coronator, etc.: make use only where necessary. 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 *Ben W. Gibson*

Licensed Embalmer No. *2961*  
P. O. Address *Carrollton, Va*

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.