

death, health, welfare, public service, diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014105
STATE FILE NUMBER

FILED MAY 14 1959

Registration District No. 207 Primary Registration District No. Registrar's No. 15

| | | | | | |
|--|----------------------------------|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY Maries | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Maries | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Miller Twp. | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN Brinktown, Mo. | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Her Home | | | Length of stay in 1b | | d. STREET ADDRESS (If outside, give location) Miller Twp. |
| Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | 4. DATE OF DEATH Month May Day 5 Year 1959 | | |
| 3. NAME OF DECEASED (Type or print) First Erie Middle Florence Last Veasman | | | 9. AGE (In years last birthday) 55 IF UNDER 1 YEAR: Months 2 Days 18 IF UNDER 24 HRS.: Hours Min. | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> / WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Feb. 17, 1904 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife |
| 10a. USUAL OCCUPATION | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) Maries County, Mo. |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | 13. FATHER'S NAME Henry Rollins | | |
| 14. MOTHER'S MAIDEN NAME Mary Thomas Owens | | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. | | |
| 16. SOCIAL SECURITY NO. none | | | 17. INFORMANT Address Robert Veasman, Brinktown, Mo. | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatosis DUE TO (b) Carcinoma of uterus. DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 174X | | | | | INTERVAL BETWEEN ONSET AND DEATH 3 months unknown. |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2 | | | 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 Hour a. m. p. m. | | |
| 20d. INJURY OCCURRED WHILE AT WORK <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 Dixon, Mo. | | | 20g. COUNTY Dixon | | |
| 20h. STATE Mo. | | | 21. I attended the deceased from July 6, 1958 to May 5, 1959 and last saw her alive on May 5, 1959 Death occurred at 1:36 P. m. on the date stated above; and to the best of my knowledge, from the causes stated. | | |
| 22a. SIGNATURE <i>Emily Stutz</i> (Degree or title) D.O. | | | 22b. ADDRESS Dixon, Mo. | | |
| 22c. DATE SIGNED 5/8/59 | | | 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | |
| 23b. DATE 5/8/59 | | | 23c. NAME OF CEMETERY OR CREMATORY Veasman Cemetery | | |
| 23d. LOCATION (City, town, or county) Brinktown, Mo. | | | 23e. (State) Mo. | | |
| 24. FUNERAL DIRECTOR <i>McMurray</i> ADDRESS Vienna, Mo. | | | 25. DATE RECD. BY LOCAL REG. May 12-1959 | | |
| 26. REGISTRAR'S SIGNATURE <i>Lucille Weidinger, D.</i> | | | 27. (State) Mo. | | |

(Licensed Embalmer's Statement on Reverse Side)

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 *McBirmingham*.....

Licensed Embalmer No. *36*.....

P. O. Address *Memphis*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.