

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023496

STATE FILE NUMBER 5226
REGISTRAR'S NO.

FILED JUN 19 1959

Registration District No. Primary Registration District No.

300
-57

S

| | | | |
|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR St. Louis TOWN | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Wellston 4301 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Baptist Hospital | | Length of stay in lb 1 week | d. STREET ADDRESS (If outside, give location) 6406 Ridge Avenue Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |

| | |
|--|---|
| 3. NAME OF DECEASED (Type or print) First MORTIMER Middle EDWARD Last VERITY | 4. DATE OF DEATH Month May Day 29 Year 1959 |
|--|---|

| | | | | | |
|--------------------|-------------------------------|---|--|---|---|
| 5. SEX Male | 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 April 30, 1886 | 9. AGE (In years at birthday) 73 | IF UNDER 24 HRS Months Days Hours Min. |
|--------------------|-------------------------------|---|--|---|---|

| | | | |
|---|--|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian | 10b. KIND OF BUSINESS OR INDUSTRY Wellston School Dist | 11. BIRTHPLACE (City and state or country) Luther Michigan | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
|---|--|--|---|

| | | |
|--|---|---|
| 13a. FATHER'S NAME James M. Verity | 13b. MOTHER'S MAIDEN NAME Dora Ella Winchel | 14. NAME OF HUSBAND OR WIFE Nellie Schreiber Verity |
|--|---|---|

| | | |
|--|---|--|
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) yes 1903 - 1908 | 16. SOCIAL SECURITY NO. 489-03-8697 A | 17. INFORMANT Address Mrs. Nellie S. Verity, 6406 Ridge Avenue |
|--|---|--|

| | | |
|---|--|---|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary artery Occlusion | | INTERVAL BETWEEN ONSET AND DEATH 15 yrs. |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Arteriosclerotic Heart Disease | |
| | DUE TO (c) Prostatic Hypertrophy | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 610x | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) no injury |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | |

| | | | | |
|---|--|--|----------------------------|--------------------------|
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 St. Louis | COUNTY St. Louis | STATE Missouri |
|---|--|--|----------------------------|--------------------------|

| |
|---|
| 21. I attended the deceased from Apr 19 1958 to May 29 59 and last saw him alive on May 29 1959 Death occurred at 10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated. |
|---|

| | | |
|--|---|-----------------------------------|
| 22a. SIGNATURE Rush McDaniel | 22b. ADDRESS 906 Olive, St. Louis | 22c. DATE SIGNED 6-1-59 |
|--|---|-----------------------------------|

| | | | |
|---|----------------------------------|--|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE June 2, 1959 | 23c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery | 23d. LOCATION (City, town, or county) (State) Bethel Missouri |
|---|----------------------------------|--|---|

| | | |
|--|--|--|
| 24. FUNERAL DIRECTOR ADDRESS Shepard Funeral Home, 1167 Hamilton Ave | 25. DATE RECD. BY LOCAL REG. JUN 1 '59 | 26. REGISTRAR'S SIGNATURE Earl Smith, M.D. |
|--|--|--|

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 *Lawrence O. Gerling*

Licensed Embalmer No. *4979*

P. O. Address *St. Louis, 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.