

FILED MAR 19 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10140

State File No. _____

1243

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1243</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Cass</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jaysas City</u>		c. LENGTH OF STAY (in this place) <u>2d+</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Strausburg, 0190</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lakeside</u>				d. STREET ADDRESS (If rural, give location) <u>1 X</u>			
3. NAME OF DECEASED a. (First) <u>Laura</u>			b. (Middle) <u>Belle</u>		c. (Last) <u>Veach</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2-26-53</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED DIVORCED <u>2</u>		8. DATE OF BIRTH <u>1-1-1874</u>		9. AGE (In years last birthday) <u>79</u> If under 1 year: Months _____ Days _____ Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Lafayette Co., Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Scott</u>			13b. MOTHER'S MAIDEN NAME <u>not known</u>		14. NAME OF HUSBAND OR WIFE <u>non-identified</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>none</u>		17. INFORMANT'S SIGNATURE OR NAME (Print) ADDRESS <u>Clarence Veach, Pleasant Hill, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fracture Lt Femur</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>5 days</u> <u>29030</u> <u>20</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>006'</u>					20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SITE OR HIGHWAY (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Liberal Barton Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2 22 53 12</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>not known fell on floor</u>			
22. I hereby certify that I attended the deceased from <u>2/22</u> , 19 <u>53</u> , to <u>2/26</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>2/26</u> , 19 <u>53</u> , and that death occurred at <u>11:30 A. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Gerard Sanders</u> (Degree or title) <u>Gerard Sanders</u>				23b. ADDRESS <u>Pleasant Hill, Mo</u>		23c. DATE SIGNED <u>2/27/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2/26/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>East Lynne Mo.</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>2-28-53</u>		REGISTRAR'S SIGNATURE <u>Beraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>STINE-McCLURE</u> ADDRESS <u>K. C. MO.</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5-10-09
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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 _____

working under my personal supervision. _____
Student Embalmer No. _____

Student
Student Embalmer

Signed John Clark
Licensed Embalmer No. 4216

P. O. Address F. B. Md.

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 this body is not embalmed, fact should be so stated above.