

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36647**

FILED NOV 9-1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **245** PRIMARY REG. DIST. NO. **304** Registrar's No. **102**

1. PLACE OF DEATH a. COUNTY <b>NEWTON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>NEWTON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>NEOSHO</b>		c. CITY OR TOWN <b>NEOSHO</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <b>810 So COLLEGE ST 0732</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>SALE MEMORIAL HOSPITAL</b>			

3. NAME OF DECEASED a. (First) <b>LYDIA</b> b. (Middle) <b>CATHERINE</b> c. (Last) <b>VEERKAMP</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>OCT. 31. 1953</b>			
5. SEX <b>FEM.</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>Nov. 23. 1864</b>	9. AGE (In years last birthday) <b>88</b>	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. (If retired) <b>Housewife</b> )		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>HUDRAN Co. MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>PETER CRAMER SKELLY</b>		13b. MOTHER'S MAIDEN NAME <b>ELIZABETH WEIDLER</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE AND NAME <b>Mrs. Violet Mc Nabt neosho mo</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>PULMONARY HEMORRHAGE</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 DAYS</b>  <b>10 YEARS</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>BRONCHIECTASIS</b>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>526X</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **4/6**, 19**46**, to **3/04**, 19**53**, that I last saw the deceased alive on **31 Oct**, 19**53**, and that death occurred at **11 P m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>R. J. Taylor M.D.</b> (Degree or title)		23b. ADDRESS <b>Neosho Mo</b>		23c. DATE SIGNED <b>2 Nov 53</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>11-2-1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>I.O.O.F.</b>		24d. LOCATION (City, town, or county) (State) <b>NEOSHO MISSOURI</b>	
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DATE REC'D BY LOCAL REG. <b>11-2-53</b>		REGISTRAR'S SIGNATURE <b>Melvin C. Bowman</b> <b>213</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Carley Thompson</b> ADDRESS <b>Neosho Mo</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**RECEIVED**

**NEWTON COUNTY HEALTH UNIT**

District Health Officer No. \_\_\_\_\_

District File Number 1153-201

Date Filed NOV 6 1953

**NEOSHO, MISSOURI**

**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 Ray Adams

Licensed Embalmer No. 4928

P. O. Address Neosho, 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.