

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19707**

FILED JUL 2 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **700**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>	c. LENGTH OF STAY (in this place) <b>life</b>	c. CITY OR TOWN <b>St. Joseph</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>2605 Monterey St.,</b>		e. STREET ADDRESS (If rural, give location) <b>2605 Monterey St., 01170</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>WILLIAM</b>	b. (Middle) <b>C.</b>	c. (Last) <b>VEY</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 19, 1956</b>
-------------------------------------	---------------------------	-----------------------	----------------------	--

5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Feb. 7, 1894</b>	9. AGE (In years last birthday) <b>62</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 YEAR Hours _____ Min. _____
--------------------	-------------------------------	---	--------------------------------------	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Maintenance man-Board of Education</b>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Joseph, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
---	---	---	---

13a. FATHER'S NAME <b>Herman Vey</b>	13b. MOTHER'S MAIDEN NAME <b>Ida Engelmier</b>	14. NAME OF HUSBAND OR WIFE <b>Maude Vey</b>
--------------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service) <b>none</b>	16. SOCIAL SECURITY NO. <b>499-18-4736</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Maude Vey</b> ADDRESS <b>2605 Monterey St. City</b>
--	--	---

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>		<b>24 hrs</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary atherosclerosis</b>		<b>unknown</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Aneurysm of abdominal aorta</b>		<b>unknown</b>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	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) <b>4201B</b>
--	--	--

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? _____
---	--	----------------------------------

22. I hereby certify that I attended the deceased from **Nov 1, 1955**, to **June 19, 1956**, that I last saw the deceased alive on **Feb 29, 1956**, and that death occurred at **10:00A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Allen S. Gorman M.D.</b>	23b. ADDRESS <b>706 Francis St., City</b>	23c. DATE SIGNED <b>6-27-56</b>
--	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>June 21, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Mo.</b>
---	--------------------------------	--	--

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>June 28, 1956</b> <b>Ethel M. Allison</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Meierhoffer-Fleeman Inc., St. Joseph, Mo.</b>
--	---

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

JUL 3 1956

1951 E NDR

JUL 10 1956

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 *Edward E. Harrington*

Licensed Embalmer No. 3219

P. O. Address *H. J. [unclear]*

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