

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23193

State File No.

FILED JUL 17 1956

BIRTH NO. _____		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>3016</u>		Registrar's No. <u>207</u>	
1. PLACE OF DEATH a. COUNTY <u>COLE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>COLE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON CITY</u>		c. LENGTH OF STAY (in this place) <u>10 hours</u>		c. CITY OR TOWN <u>JEFFERSON CITY</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. MARYS HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>505 Giffert Lane</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>GERHARD</u>		b. (Middle) <u>MARTIN</u>		c. (Last) <u>VELTROP</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 13, 1956</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug 15, 1881</u>	
9. AGE (In years last birthday) <u>74</u>		10. MONTHS <u>7</u>		11. DAYS <u>10</u>		12. IF UNDER 1 YEAR Hours <u>28</u> Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plasterer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Taos, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Henry Veltrop</u>		13b. MOTHER'S MAIDEN NAME <u>Sophia Mayens</u>		14. NAME OF HUSBAND OR WIFE <u>Adelide Scheppers</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>499-30-5965</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Gerhard Veltrop J. C. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intra cranial hemorrhage</u> ANTECEDENT CAUSES DUE TO (b) <u>fractured skull</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 hrs</u> <u>"</u>	
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) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Arts and Crafts Village Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7-13-56 8:30 AM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Automobile accident</u>			
22. I hereby certify that I attended the deceased from <u>July 13, 1956</u> , to <u>July 17, 1956</u> , that I last saw the deceased alive on <u>July 13, 1956</u> , and that death occurred at <u>10:30 AM</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Charles Douglas MD</u>				23b. ADDRESS <u>Jefferson City</u>		23c. DATE SIGNED <u>7-16-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/16/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>16 July 1956</u>		REGISTRAR'S SIGNATURE <u>R.P. Davis MD-MR</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Dale End Home J. C. MO.</u>			

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

APR 15 1957

AUG 17 1958

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 *James E. Egan*

Licensed Embalmer No. 49

P. O. Address *Jeff City*

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.