S. No. 300
Rev. 10-48

FILED JUN 3 1957

THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 19769

BIRTH NO. _____ REG. DIST. NO. 325 PRIMARY REG. DIST. NO. 6094 Registrar's No. 15

**1. PLACE OF DEATH**
a. COUNTY SCHUYLER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) RURAL COATSVILLE Chartiers
c. LENGTH OF STAY (in this place) 13 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ✓

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY SCHUYLER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) RURAL COATSVILLE
d. STREET ADDRESS (If rural, give location) 0980

**3. NAME OF DECEASED** (Type or Print) a. (First) LILLIAN b. (Middle) MAY c. (Last) VEATCH

**4. DATE OF DEATH** (Month) FEB (Day) 19 (Year) 1957

**5. SEX** FEMALE **6. COLOR OR RACE** WHITE **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) MARRIED **8. DATE OF BIRTH** MAY 6 1883 **9. AGE** (In years last birthday) 73 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, even if retired) HOUSEWIFE **10b. KIND OF BUSINESS OR INDUSTRY** HOUSEWIFE **11. BIRTHPLACE** (State or foreign country) MISSOURI **12. CITIZEN OF WHAT COUNTRY?** USA

**13a. FATHER'S NAME** MARION BAKER **13b. MOTHER'S MAIDEN NAME** ALICE MC INTIRE **14. NAME OF HUSBAND OR WIFE** ARTHUR VEATCH

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) NO (If yes, give war or dates of service) ✓ **16. SOCIAL SECURITY NO.** 481-22-4130 **17. INFORMANT'S SIGNATURE OR NAME** Mrs. Earl Burnum ADDRESS [illegible]

**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**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Coronary thrombosis
DUE TO (c) Arteriosclerosis — years

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** 4201 **20. AUTOPSY?** YES ☐ NO ☒

**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) m. **21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐ **21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* (PATIENT DEAD, 19___, *to* WHEN I ARRIVED), 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 8:15 a m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title) H. R. Stoker DVM **23b. ADDRESS** Lancaster, Mo. **23c. DATE SIGNED** Mar 20, 1957

**24a. BURIAL, CREMATION, REMOVAL** (Specify) BURIAL **24b. DATE** 2-22-57 **24c. NAME OF CEMETERY OR CREMATORY** EVERGREEN **24d. LOCATION** (City, town, or county) FAIRFIELD (State) IA

**DATE REC'D BY LOCAL REG.** 3.20.57 **REGISTRAR'S SIGNATURE** Mrs. Ayla Drake **25. FUNERAL DIRECTOR'S SIGNATURE** Hugh D. Johnson **ADDRESS** Centerville, Ia

(Licensed Embalmer's Statement on Reverse Side)

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

353
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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 Glen L. Eagle, Ia ~~Student~~ Embalmer No. 2217 working under my personal supervision.

Signed Hugh I. Johnson

Signed.....
Student Embalmer

Licensed Embalmer No. 3487

P. O. Address Centerville, Ia

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.