

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-017670  
STATE FILE NUMBER

FILED JUN 2 1958 Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 60

5. 300  
1-57

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Boonville</u>		c. CITY OR TOWN <u>Tipton</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Joseph</u>		d. STREET ADDRESS (If outside, give location) <u>West Moniteau</u>	
Length of stay in lb <u>3 weeks</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>WILLIAM ROBERT VEULEMANS</u>			4. DATE OF DEATH Month Day Year <u>May, 18th, 1958</u>		
---	--	--	--	--	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>December 8th, 1866</u>	9. AGE (In years last birthday) <u>91</u>	10. UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
-----------------------	----------------------------------	---	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miller (Feed)</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Elevator</u>	11. BIRTHPLACE (City and state or country) <u>Tipton, Missouri R.F.D.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
---	--	--	---

13a. FATHER'S NAME <u>Domitick Veulemans</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Gordon</u>	14. NAME OF HUSBAND OR WIFE <u>Josephine Veuleman</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>Unknown</u>	17. INFORMANT <u>John and Thomas Veulemans (Sons)</u>	Address <u>Tipton, Mo</u>
--	---	--	------------------------------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CEREBRAL VASCULAR ACCIDENT WITH SUBARACHNOID HEMORRHAGE 3 WKS.</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>GENERALIZED ARTERIOSCLEROSIS</u>	<u>YEARS</u>
	DUE TO (c) <u>HYPERTENSIVE (CARDIOVASCULAR) DISEASE</u>	<u>YEARS</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
---	--

20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
---	--	--	---

21. I attended the deceased from <u>May 1, 1958</u> to <u>May 18, 58</u> and last saw him alive on <u>MAY 18, 1958</u> Death occurred at <u>1:50 PM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.
---

22a. SIGNATURE <u>J. H. Hooper, M.D.</u> (Degree or title)	22b. ADDRESS <u>0 329 Main St., Boonville, Mo</u>	22c. DATE SIGNED <u>5/16/58</u>
---	--	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>May, 20, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Tipton, Missouri</u>
--	-----------------------------------	--	--

24. FUNERAL DIRECTOR <u>James E. Richardson</u> ADDRESS <u>Tipton</u>	25. DATE RECD. BY LOCAL REG. <u>5/26/58</u>	26. REGISTRAR'S SIGNATURE <u>J. H. Hooper</u>
---	--	--

(Licensed Embalmer & Statemnt on Reverse Side)

Mo

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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. Richardson*.....

Licensed Embalmer No. ....2466.....  
P. O. Address. Tipton.,, Missouri

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.