Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-037008
STATE FILE NUMBER

FILED OCT 21 1958 Registration District No. 383 Primary Registration District No. 5655 Registrar's No. ~~102~~ 103

1. PLACE OF DEATH
a. COUNTY Lawrence
b. CITY OR TOWN Mt. Vernon — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Mo. State Sanatorium — Length of stay in Hospital 76 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Lawrence
c. CITY OR TOWN Stotts City — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 055 Route 1 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: August Middle: C. Last: Veith
4. DATE OF DEATH Month Oct. Day 13 Year 1958
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH July 12, 1885
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) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and state or country) Lawrence County, Mo
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Henry Veith
13b. MOTHER'S MAIDEN NAME Caroline Burhmann
14. NAME OF HUSBAND OR WIFE
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. unknown
17. INFORMANT San. records, Mo. State San., Mt. Vernon, Mo — Address

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) cardio-vascular accident
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) 422/A
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Tuberculous pleurisy with effusion, right
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 7-29-58, to 10-13-58 and last saw ~~XXXX~~ him alive on 10-13-58
Death occurred at 3:05 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Geo. H. Hobler, M.D. (Degree or title)
22b. ADDRESS Mt. Vernon, Missouri
22c. DATE SIGNED 10-14-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 10-13-58
23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION (City, town, or county) Stotts City, Mo. (State)

24. FUNERAL DIRECTOR H. W. Fossett — ADDRESS Mt. Vernon, Mo.
25. DATE RECD. BY LOCAL REG. 10-14-58
26. REGISTRAR'S SIGNATURE Cecil Hendricks

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

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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 .....me....., Student Embalmer No. ..... working under my personal supervision.

Student ..... Signed H. W. Fassett .....
Signature of Student Embalmer

Licensed Embalmer No. 2201

P. O. Address Mt. Vernon

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.