

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-018147  
STATE FILE NUMBER

FILED MAY 20 1959 Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 251

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>JOPLIN</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY <b>RURAL</b> OR TOWN Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>FREEMAN HOSP.</b>		Length of stay in 1b <b>12 HRS</b>	d. STREET ADDRESS (If outside, give location) <b>ROUTE 1, CARTHAGE</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>TIMMY</b> Middle <b>VEITH</b> Last <b>VEITH</b>			4. DATE OF DEATH Month <b>APRIL</b> Day <b>21</b> Year <b>1959</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>APRIL 21, 1959</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>INFANT</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>INFANT</b>	9. AGE (In years last birthday) <b>0</b> IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>12</b> Min. <b>0</b>
11. BIRTHPLACE (City and state or country) <b>JOPLIN, MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>ALVIN F. VEITH</b>		13b. MOTHER'S MAIDEN NAME <b>LUCILLE COLLINS</b>	14. NAME OF HUSBAND OR WIFE <b>-----</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown. If yes, give war or dates of service) <b>INFANT</b>		16. SOCIAL SECURITY NO.	17. INFORMANT <b>ALVIN F. VEITH, ROUTE 1, CARTHAGE, MO.</b> Address
18. CAUSE OF DEATH (Enter only one cause of life for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Premature Birth.</b>			INTERVAL BETWEEN ONSET AND DEATH <b>6 Mo.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Spont. Rupture of Placenta.</b> DUE TO (c) <b>Due to onset of labor.</b>			
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.) <b>9 ft. Crawford</b>		
20c. TIME OF INJURY Hour <b>7:15</b> a.m. <b>7615</b> Month, Day, Year			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT 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 <b>April 15 59</b> to <b>April 21 59</b> and last saw him alive on <b>Apr 21 59</b> Death occurred at <b>4/21/59</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>[Signature]</b> (Degree or title)		22b. ADDRESS <b>Joplin Mo</b>	22c. DATE SIGNED <b>5/14/59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>4-23-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>STONE CEMETERY,</b>	23d. LOCATION (City, town, or county) (State) <b>JASPER COUNTY, MISSOURI</b>
24. FUNERAL DIRECTOR <b>STEVE PARKER MORTUARY,</b>	ADDRESS <b>JOPLIN, MO.</b>	25. DATE RECD. BY LOCAL REG. <b>5-18-1959</b>	26. REGISTRAR'S SIGNATURE <b>Dove Merriam</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

ALL DISEASES IN PART I MUST BE CAUSALLY RELATED.

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 *F. M. Jones* .....

Licensed Embalmer No. *3319* .....

P. O. Address *Joplin, Mo* .....

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.