

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-043689

STATE FILE NUMBER

Registration District No. 225 Primary Registration District No. 3053 Registrar's No. 215

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

1 08/17
2 0630,
3
4 0
5 1
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7 0
8 7
9/20/1
10
11
12 86-0
13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

<p>FILED NOV 27 1962</p> <p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>Phelps</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rolla</u> Length of stay in 1b <u>6 months</u></p> <p>c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>MacFarland Nursing Home</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Missouri</u> b. COUNTY <u>Maries</u></p> <p>c. CITY OR TOWN <u>Jackson</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	
<p>3. NAME OF DECEASED (Type or print) First <u>Christian</u> Middle <u>Veasman</u> Last <u>Veasman</u></p>		<p>4. DATE OF DEATH Month <u>11</u> Day <u>11</u> Year <u>1962</u></p>	
<p>5. SEX <u>Male</u></p>	<p>6. COLOR OR RACE <u>White</u></p>	<p>7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>3/27/1872</u></p>
<p>9. AGE (last birthday) <u>90</u></p>		<p>IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u></p>	<p>IF UNDER 24 HR. Hours <u> </u> Min. <u> </u></p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Real Estate Agent Ret.</u></p>		<p>10b. KIND OF BUSINESS OR INDUSTRY <u>Own Business</u></p>	<p>11. BIRTHPLACE (City and state or country) <u>Maries County, Mo.</u></p>
<p>12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u></p>		<p>13a. FATHER'S NAME <u>Fredrick Veasman</u></p>	
<p>13b. MOTHER'S MAIDEN NAME <u>Martha Hillhouse</u></p>		<p>14. NAME OF HUSBAND OR WIFE <u>Druscilla Veasman</u></p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u></p>		<p>16. SOCIAL SECURITY NO. <u>None</u></p>	<p>17. INFORMANT Address <u>Mrs. Charles C. Smith, Dixon, Missouri</u></p>
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p> <p>IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____</p>			<p>INTERVAL BETWEEN ONSET AND DEATH <u>2 Hrs</u></p>
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p>		<p>PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>	<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p>20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____</p>		<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/></p>	
<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>		<p>20f. CITY, TOWN, OR LOCATION</p>	<p>COUNTY STATE</p>
<p>21. I attended the deceased from <u>May 1962</u> to <u>11/11/62</u> and last saw ^{her}him alive on <u>11/9/62</u>. Death occurred at <u>12:30 A.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.</p>			
<p>22a. SIGNATURE <u>[Signature]</u> (Degree or title)</p>		<p>22b. ADDRESS <u>Rolla Mo</u></p>	<p>22c. DATE SIGNED <u>11/12/62</u></p>
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p>	<p>23b. DATE <u>11/12/1962</u></p>	<p>23c. NAME OF CEMETERY OR CREMATORY <u>Dixon Cemetery</u></p>	<p>23d. LOCATION (City, town, or county) (State) <u>Dixon, Missouri</u></p>
<p>24. FUNERAL DIRECTOR ADDRESS <u>Gilbert Funeral Home, Inc., Dixon, Mo.</u></p>		<p>25. DATE RECD. BY LOCAL REG. <u>Nov. 13, 1962</u></p>	<p>26. REGISTRAR'S SIGNATURE <u>[Signature]</u></p>

USE BLACK INK OR TYPEWRITER RIBBON

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 Maurice Schierbaum

Licensed Embalmer No. 4505

P. O. Address Dixon, 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.