

FILED AUG 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24410

BIRTH NO. _____		REG. DIST. NO. 291		PRIMARY REG. DIST. NO. 5997		Registrar's No. 61	
1. PLACE OF DEATH a. COUNTY Putnam				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Putnam			
b. CITY (If outside corporate limits, write RURAL and give township) RURAL-Wilson Township		c. LENGTH OF STAY (in this place) Life Time		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL Wilson Township		3	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1				d. STREET ADDRESS (If rural, give location) LEMON, MO. R.F.D. 1			
3. NAME OF DECEASED (Type or Print) a. (First) Julia			b. (Middle) VERMILLION		c. (Last) VERMILLION		
4. DATE OF DEATH (Month) (Day) (Year) July-21-1949		5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH Sept-25-1863		9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months 9		IF UNDER 1 HR. Days 26	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK		10b. KIND OF BUSINESS OR INDUSTRY Household		11. BIRTHPLACE (State or foreign country) Putnam County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Dennis Daily		13b. MOTHER'S MAIDEN NAME ANNA O'DONNELL		14. NAME OF HUSBAND OR WIFE CHRIS. VERMILLION			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. E. G. SKINNER LEMON, MO			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pericious Anemia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) BILIRUBINURIA - HEPATIC DUE TO (c) Prolonged debility, senility II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 years 9 9 2400	
19a. DATE OF OPERATION ←		19b. MAJOR FINDINGS OF OPERATION ←				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 247. 12 19 49 to 247. 21 19 49, that I last saw the deceased alive on July 21, 1949, and that death occurred at 2:20 p.m., from the causes and on the date stated above.							
23a. SIGNATURE H.W. Gallum				23b. ADDRESS (Degree or title) Unionville, MO		23c. DATE SIGNED 7-22-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July-23-1949		24c. NAME OF CEMETERY OR CREMATORY LEMONS CEMETERY		24d. LOCATION (City, town, or county) (State) LEMONS, MISSOURI	
DATE REC'D BY LOCAL REG. 7-27-49		REGISTRAR'S SIGNATURE Maxwell Durbin		25. FUNERAL DIRECTOR'S SIGNATURE 264 Comstock Funeral Home By G.W. Comstock		ADDRESS Unionville, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED AUG 4
District Health Officer
District File Number 8-491
Date Filed AUG 4 1949

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 _____
Student Embalmer

Signed James W Comstock
Licensed Embalmer No. 4197

P. O. Address Unionville, Ma

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.