

FILED JAN 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1410

State File No.

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>50</u>	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>KANSAS</u> b. COUNTY <u>BROWN</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>12 WEEKS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>HIAWATHA</u>		8150	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>COLONIAL NURSING HOME</u> 100 EAST 36th STREET				d. STREET ADDRESS (If rural, give location) <u>800 SHAWNEE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELMIRA</u>		b. (Middle) <u>JANE</u>		c. (Last) <u>VERMILLION</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN - 5 - 1950</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>AUG - 26 - 1922</u>	
9. AGE (In years last birthday) <u>27 YRS.</u>		IF UNDER 1 YEAR Months		IF UNDER 4 HRS. Days		Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (State or foreign country) <u>HIAWATHA, KANSAS</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>				13a. FATHER'S NAME <u>JOHN HOWARD</u>			
13b. MOTHER'S MAIDEN NAME <u>ELIZA JANE COPELAND</u>				14. NAME OF HUSBAND OR WIFE <u>EMERY DAVID VERMILLION</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>E. O. VERMILLION</u> ADDRESS <u>704 WEST 11th STREET KANSAS CITY, MO.</u>			
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					
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH					
ANTECEDENT CAUSES		DUE TO (b) <u>unknown</u>					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>unknown</u>					
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331 N</u>				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)		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 <u>Dec 29, 1949</u> , to <u>Jan 5, 1950</u> , that I last saw the deceased alive on <u>Jan 1, 1950</u> , and that death occurred at <u>1:45 A. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Harold A. Pallett</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>1132 Prof Bldg HCA</u>		23c. DATE SIGNED <u>1/5/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>JAN-5-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HIAWATHA CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>HIAWATHA, KANSAS</u>	
DATE REC'D BY LOCAL REG. <u>1-5-50</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D. W. Newcomer's Sons</u> ADDRESS <u>1331 BAUGH CREEK BLVD KANSAS CITY, MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

JAN 24 1950

JAN 25 1950

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.....

Albert L. Savage

Student Embalmer No. *360*

working under my personal supervision.

Student *Albert L. Savage*
Student Embalmer *360*

Signed *John C. Fraking*

Licensed Embalmer No. *4483*

P. O. Address *Kansas City, 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 this body is not embalmed, fact should be so stated above.