

FILED FEB 17 1951

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 1949  
438

3008  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>NEWTON</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>16.22y</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SENECA</u>		<u>0730</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Luke's Hospital</u>				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Orpha</u> b. (Middle) <u>J. VERMILLION</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>1-27-51</u>		5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>5-29-1890</u>		9. AGE (In years last birthday) <u>60</u>		10. 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>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>JAMES M. POQUE</u>		
13b. MOTHER'S MAIDEN NAME <u>SARAH CRAWSHAW</u>		14. NAME OF HUSBAND OR WIFE <u>ARON VERMILLION</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. _____		
17. INFORMANT'S SIGNATURE OR NAME <u>PARON VERMILLION</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Glomerulonephritis</u>		19. DATE OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
19a. MAJOR FINDINGS OF OPERATION _____		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.		
23a. SIGNATURE <u>F.C. Coleman</u> (Degree or title) <u>F.C. Coleman, M.D. Pathologist</u>		23b. ADDRESS <u>4922 Bell St. K.C. Mo.</u>		23c. DATE SIGNED <u>1-27-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		
24b. DATE <u>1-30-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SWARS-PRAIRIE-CEM. SENECA, MO.</u>		24d. LOCATION (City, town, or county) (State) <u>MO.</u>		DATE REC'D BY LOCAL REG. _____		
REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Biddleson</u>		ADDRESS <u>Seneca, Mo.</u>		_____		

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.....

*W. C. Rinne*

working under my personal supervision.

Student Embalmer No. .... *409* .....

Signed *W. C. Rinne*  
Student Embalmer

Signed *James E. Hackleman*

Licensed Embalmer No. .... *4553* .....

P. O. Address. *N. C. 1, 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.