

FILED NOV 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37949

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 116

542
0

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

1. PLACE OF DEATH a. COUNTY <u>Lafayette County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Higginsville</u> <u>0541</u>	
c. LENGTH OF STAY (in this place) <u>40 days</u>		d. STREET ADDRESS (If rural, give location) <u>16 East 21st Street</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Samuel</u> b. (Middle) <u>Aston</u> c. (Last) <u>Vermillion</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>November 12 1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 20th 1867</u>
9. AGE (In years) (Month) (Day) <u>84</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Railroad</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Engineer</u>		11. BIRTHPLACE (State or foreign country) <u>Russell Co. Virginia</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>			
13a. FATHER'S NAME <u>Thomas Vermillion</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Aston</u>	
14. NAME OF HUSBAND OR WIFE <u>Deceased</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. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>W. P. Kason</u>		ADDRESS <u>Russell Vermillion Dwight, Ill.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular Accident</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardiovascular Disease</u> DUE TO (c) II. 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>4221</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) (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 <u>1949</u> to <u>12 Nov.</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>12 No v.</u> , 19 <u>51</u> , and that death occurred at <u>2³⁰ Q. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>John B. Best</u> (Degree or title) <u>M. D.</u>		23b. ADDRESS <u>Higginsville, Missouri</u>	
23c. DATE SIGNED <u>11/12/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/14/51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Higginsville, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>11-15-51</u>		REGISTRAR'S SIGNATURE <u>Wm. S. Gustafson</u> 156	
25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Under</u>		ADDRESS <u>Higginsville, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED NOV 19 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed NOV 19 1951

DEC 12 1951

DEC 5 1951

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.

Signed Forest Rickhal

Signed _____
Student Embalmer

Licensed Embalmer No. 42184

P. O. Address Higginsville, 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.