

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1545

State File No. \_\_\_\_\_  
32

FILED JAN 25 1952

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>RAY</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>4 WKS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - RICHMOND TOWNSHIP</u>		d. STREET ADDRESS (If rural, give location) <u>4 MILES SW OF RICHMOND</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LUKE'S HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>4 MILES SW OF RICHMOND</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>LULU</u> b. (Middle) <u>BELLE</u> c. (Last) <u>VERMILLION</u>			4. DATE OF DEATH <u>JAN. 4, 1952</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>SEPT. 16, 1877</u>		9. AGE (In years last birthday) <u>74</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		
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>—</u>		11. BIRTHPLACE (State or foreign country) <u>RICHMOND, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		
13a. FATHER'S NAME <u>JOHN Q PECK</u>			13b. MOTHER'S MAIDEN NAME <u>LEAH PROFFITT</u>		14. NAME OF HUSBAND OR WIFE <u>WALTER E. 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. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>A. B. VERMILLION, RICHMOND, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Failure</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>FRACTURE LEFT HIP</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>						INTERVAL BETWEEN ONSET AND DEATH <u>One hour</u> <u>35 days</u> <u>89011</u> <u>21</u>	
19a. DATE OF OPERATION <u>12-3-51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Open Fracture Neck of Left Femur</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		21c. (CITY, TOWN, OR TOWNSHIP); (COUNTY) (STATE) <u>RAY Mo</u>		21d. HOW DID INJURY OCCUR? <u>Fell at home</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov 30 5:10 A.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>12-1, 1951</u> , to <u>1-4, 1952</u> , that I last saw the deceased alive on <u>1-4, 1952</u> and that death occurred at <u>3:00 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Richard H. Kiene</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>4312 J.C. Nichols Parkway</u>		23c. DATE SIGNED <u>1-4-52</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN. 4, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CITY CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>RICHMOND, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>1-4-52</u>		REGISTRAR'S SIGNATURE <u>Steraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thurman Funeral Home RICHMOND, Mo.</u>					

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

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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 Tom L. Thurman

Licensed Embalmer No. 4563

P. O. Address RICHMOND, 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.