

MAY 16 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16988

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>157</u>		PRIMARY REG. DIST. NO. <u>3028</u>		Registrar's No. <u>15781</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Carthage</u>		c. LENGTH OF STAY (in this place or township) <u>68 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Carthage</u> <u>6493</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>309 N. Maple St.</u>				d. STREET ADDRESS (If rural, give location) <u>717 S. McGregor St</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LAURA</u> b. (Middle) <u>VERMILLION</u> c. (Last) <u>HACKNEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 8, 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>Feb 4, 1863</u>	
9. AGE (in years last birthday) <u>89</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 6 MRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Owoneca, Illinois.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Rev. P. D. Vermillion</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Jane Slinker</u>		14. NAME OF HUSBAND OR WIFE <u>Ben F. Hackney</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>Mrs. Wm E. Fennimore, 729 W. Central Carthage, 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>Nremid -</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic nephritis -</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>					INTERVAL BETWEEN ONSET AND DEATH <u>6 wks?</u> <u>4 wks -</u> <u>4 wks -</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>446X</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>4/30/49, 19</u> to <u>5/6/52, 19</u> , that I last saw the deceased alive on <u>5/6/52, 1952</u> , and that death occurred at <u>8:40a m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>E. J. Knell</u>				23b. ADDRESS <u>Carthage, Mo</u>		23c. DATE SIGNED <u>5/8/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>May 10, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Carthage, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>5-9-52</u>		REGISTRAR'S SIGNATURE <u>L. S. Clutter</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Knell Mortuary Carthage, Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED 5-14-52

Jasper County Health Office

County File Number 52-7-367

Date Filed 5-14-52

APR 21 1953

JUN 6 1953

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 Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage

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.