

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 27 1954

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5466 Registrar's No. 1131-B

1. PLACE OF DEATH
a. COUNTY Greene

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Greene

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural 2nd Campbell

c. LENGTH OF STAY (in this place)

c. CITY OR TOWN Springfield

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION: Rt #8 Springfield

e. STREET ADDRESS (If rural, give location) Rt #8 Springfield 0390

3. NAME OF DECEASED
a. (First) Roy b. (Middle) Franklin c. (Last) Vermillion

4. DATE OF DEATH (Month) (Day) (Year) Dec 15, 1954

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Dec 8, 1908

9. AGE (in years) (last birthday) 46 MONTHS _____ DAYS _____ HOURS _____ MIN.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rug Cleaner

10b. KIND OF BUSINESS OR INDUSTRY Rug Cleaning

11. BIRTHPLACE (City and State or Foreign Country) Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Frank Vermillion

13b. MOTHER'S MAIDEN NAME Minnie Hunt

14. NAME OF HUSBAND OR WIFE Lois Vermillion

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 573-05-4998

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frank Vermillion Springfield, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis and heart failure
INTERVAL BETWEEN ONSET AND DEATH 2 hours
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES DUE TO (b) Edema due to decompensating heart
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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 4343

20. AUTOPSY? YES NO

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) (Min)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-2, 1954, to 12-15, 1954, that I last saw the deceased alive on 12-15-54, 1954, and that death occurred at 7:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. E. Zeller, M.D.

23b. ADDRESS 609 Cherry, Springfield, Mo.

23c. DATE SIGNED 12-16-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 12-18-54

24c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery

24d. LOCATION (City, town, or county) (State) Springfield, Missouri

DATE REC'D BY LOCAL REG. 12-20-54 REGISTRAR'S SIGNATURE Edith Williamson

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.W. Klingner & Co. Springfield, Mo.

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

No. 300
10-48

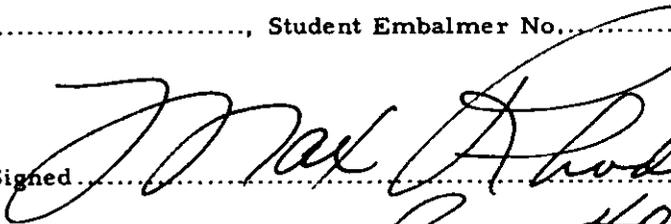
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JAN 18 1958

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.....
Signature of Student Embalmer

Signed.....


Licensed Embalmer No. 40

P. O. Address.....


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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.