10.300
10.48

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

FILED DEC 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41213

State File No.

BIRTH NO. REG. DIST. NO. 171 PRIMARY REG. DIST. NO. 4267 Registrar's No.

1. PLACE OF DEATH
a. COUNTY Lafayette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Odessa
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Lafayette
c. CITY OR TOWN Odessa
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 540

3. NAME OF DECEASED (Type or Print)
a. (First) Robert
b. (Middle) Carson
c. (Last) Vermillion

4. DATE OF DEATH (Month) (Day) (Year) Dec. 11, 1955

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH Sept. 7, 1879
9. AGE (In years last birthday) 76 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Oak Grove, Mo.
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Thos. Vermillion
13b. MOTHER'S MAIDEN NAME Mary Aston
14. NAME OF HUSBAND OR WIFE None

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. None
17. INFORMANT'S SIGNATURE OR NAME Russell Vermillion, **ADDRESS** Higginsville, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 2 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. 4201

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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) m.
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* Dec 9, 1955, *to* Dec 11 1955, *that I last saw the deceased alive on* Dec 10 1955, *and that death occurred at* 2:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE R. C. Thorley (Degree or title) M.D.
23b. ADDRESS Odessa Mo
23c. DATE SIGNED 12/12/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec. 13, 1955
24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery
24d. LOCATION (City, town, or county) (State) Oak Grove, Mo.

DATE REC'D BY LOCAL REG. 12/12/55
REGISTRAR'S SIGNATURE Emma Davidson 453
25. FUNERAL DIRECTOR'S SIGNATURE Husman-Sparks **ADDRESS** Odessa, Mo.
(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed William T. Gra

Licensed Embalmer No. 44

P. O. Address Odessa,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.