

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017593

STATE FILE NUMBER

LED JUN 11 1958

Registration District No. 393

393

Primary Registration District No. 1002

1002

Registrar's No. 2670

2670

300
1-57

1. PLACE OF DEATH a. COUNTY CLAY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY CLAY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY No.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY No.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3530 N. Lister		Length of stay in 1b 2 mo.	d. STREET ADDRESS (If outside, give location) 3530 N. Lister Dr.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Howard Leon Vermillion			4. DATE OF DEATH Month Day Year MAY 23-58		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH OCT 16-1921	9. AGE (In years last birthday) 36	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Oilier International Mills		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Green Castle Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Ben Vermillion		13b. MOTHER'S MAIDEN NAME Rosa Mullins		14. NAME OF HUSBAND OR WIFE MARLYS Vermillion	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or no) (If yes, give branch or dates of service) WWII NAVY + ARMY		16. SOCIAL SECURITY NO. 489-22-6641	17. INFORMANT Address of the home MARLYS Vermillion		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carbon monoxide poisoning					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Running motor in closed garage					29731
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Running motor in closed garage.			
20c. TIME OF INJURY Hour Month, Day, Year a.m. 5 23-58 p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, shop, street, office bldg., etc.) Home	20f. CITY, TOWN, OR LOCATION Kansas City, Mo.		COUNTY Clay
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Deedee or m) D.S. Pate m.d. Coroner		22b. ADDRESS North Kansas City, Missouri		22c. DATE SIGNED 5/26/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 5-26-58	23c. NAME OF CEMETERY OR CREMATORY White Chapel Cem		23d. LOCATION (City, town, or county) (State) Clay Co. Mo.	
24. FUNERAL DIRECTOR D.W. Newcomer		ADDRESS 1001 N. 1st St. Mo.	25. DATE RECD. BY LOCAL REG. 5-26-58	26. REGISTRAR'S SIGNATURE Neva Marshall	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

O. S. Pate

All diseases in Part I must be causally related.

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KP 8

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 *Glenn J. Felt*

Licensed Embalmer No. *4586*

P. O. Address *A.C. 16 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.