

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013779
STATE FILE NUMBER

FILED APR 23 1959 Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 207

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY OR TOWN Joplin		c. CITY OR TOWN Joplin	
c. FULL NAME OF HOSPITAL OR INSTITUTION Freeman Hospital		d. STREET ADDRESS 321 McConnell	

3. NAME OF DECEASED (Type or print) First Middle Last COR A. VERMILLION			4. DATE OF DEATH Month Day Year April 12, 1959		
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5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 12, 1883	9. AGE (In years last birthday) 76	10. UNDER 1 YEAR Months Days Hours Min.	11. UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired housewife	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and state or country) Douglas County, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Thomas L. Benton	13b. MOTHER'S MAIDEN NAME Margaret Huffman	13c. NAME OF HUSBAND OR WIFE Henry M. Vermillion, Dec'd
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Claude Musgrave, 319 McConnell, Joplin, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ca of Liver & intestines DUE TO (b) Ca of the cervix DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 1 yr. 3 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 171X		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from 1-28-56 to 4-12-59 and last saw her alive on 4-12-59 Death occurred at about 4 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) M. D.	22b. ADDRESS 308 F.R.L. Bldg., Joplin, Mo.	22c. DATE SIGNED 4-13-59
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 4-14-59	23c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Park	23d. LOCATION (City, town, or county) (State) Joplin Mo.
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24. FUNERAL DIRECTOR STEVE PARKER MORTUARY	ADDRESS Joplin, Mo.	25. DATE RECD. BY LOCAL REG. 4-18-1959	26. REGISTRAR'S SIGNATURE Doree Merriam
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300
1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Alcohol, curium, etc. must use only standard nomenclature in item 18. No symptoms with reference to item 18 must be causally related.

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 *F. M. Jones*

Licensed Embalmer No. *7319*

P. O. Address *Jasper, 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.