

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20776**  
**2680**

FILED JUL 5 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Johnson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b> c. LENGTH OF STAY (In this place) <b>3 wks</b>		c. CITY OR TOWN <b>Kansas City</b> <small>Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/></small>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Luke's Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>5411 Pawnee</b> <b>8158</b>	

3. NAME OF DECEASED a. (First) <b>Mina</b> b. (Middle) <b>Vernon</b> c. (Last) <b>Vernon</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 17, 1956</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>Wh</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>1-7-1875</b>		9. AGE (In years last birthday) <b>81 yrs</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 2 HRS: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Perryville Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>					

13a. FATHER'S NAME <b>Raw Dodson</b>		13b. MOTHER'S MAIDEN NAME <b>Hooper</b>		14. NAME OF HUSBAND OR WIFE <b>R.N. Vernon</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no.</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. H.C. Darby</b> ADDRESS <b>5411 Pawnee</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <small>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</small>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Infarction</b> INTERVAL BETWEEN ONSET AND DEATH <b>2 wks</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary thrombosis - 2 wks</b>		DUE TO (c) <b>arteriosclerosis - 10 yrs</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hydrops of Gall Bladder</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
		<b>4201</b>	
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 **June 16, 1956** to **June 17, 1956**, that I last saw the deceased alive on **June 16, 1956** and that death occurred at **5:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Don Carlos Peete</b> (Degree & title) <b>MD</b>		23b. ADDRESS <b>15100 Prof. Blvd</b>		23c. DATE SIGNED <b>6-18-56</b>	
24a. BURIAL OR CREMATION REMOVAL <b>Burial</b>		24b. DATE <b>6-19-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>	
DATE REC'D BY LOCAL REG. <b>6-18-56</b>		REGISTRAR'S SIGNATURE <b>Neva Minshall</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Kans.</b>	
		25. FUNERAL DIRECTOR'S SIGNATURE <b>Dibson &amp; Son</b>		ADDRESS <b>Fun Home K.R.K.</b>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Don Carlos Peete M.D.

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 *Phil C. Yipson* .....

Licensed Embalmer No. *313*

P. O. Address *Hampton, Va.*

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.