

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **652**

BIRTH NO. **31130-56** REG. DIST. NO. **72** PRIMARY REG. DIST. NO. **4134** Registrar's No. **5**

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Platte	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Smithville		c. CITY OR TOWN Parkville	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) RFD 5	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Smithville Community Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) Julie b. (Middle) Ann c. (Last) Vermillion			4. DATE OF DEATH (Month) (Day) (Year) Jan. 20, 1957	
5. SEX Fe	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH April 21, 1956	9. AGE (In years) (Month) (Day) (Min.) 8 30
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Hugh Vermillion Jr.	13b. MOTHER'S MAIDEN NAME Annabell Admire	14. NAME OF HUSBAND OR WIFE None
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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hugh Vermillion Parkville, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 days Birth
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, lobar		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Mongolism 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 3254	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) m.	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 **1-20, 1957**, to **1-20, 1957**, that I last saw the deceased alive on **1-20, 1957**, and that death occurred at **10:05 p.m.**, from the causes and on the date stated above.

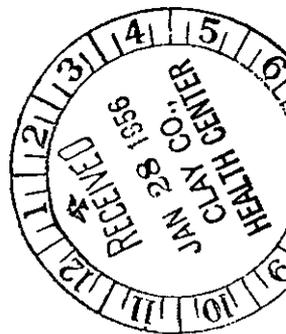
23a. SIGNATURE Weldon L. Spontanus MD (Degree or title)	23b. ADDRESS Yonkers Mo	23c. DATE SIGNED 1-21-57
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-23-57	24c. NAME OF CEMETERY OR CREMATORY Mound Grove Cemetery
		24d. LOCATION (City, town, or county) (State) Independence, Missouri

DATE REC'D BY LOCAL REG. 1-22-57	REGISTRAR'S SIGNATURE Marguerite Hudson	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Geo. C. Carson & Sons Indep., Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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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..... *D. W. Hanks*

Licensed Embalmer No. *14520*

P. O. Address *Smithville, W.*

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.