

FILED MAY 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Meem 13316
State File No. _____

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5900 Registrar's No. 31

| | | | | | |
|---|--|--|---|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Demassett</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Demassett</u> c. TOWNSHIP <u>78</u> | | |
| b. CITY OR TOWN <u>Rural Braggadocio</u> | | c. LENGTH OF STAY (in this place) <u>19 yrs.</u> | | c. CITY OR TOWN <u>Rural Braggadocio</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7 mi west of Hayti Mo.</u> | | | d. STREET ADDRESS (If rural, give location) <u>7 mi west of Hayti Mo.</u> | | |

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|--|---------------------------|---|--|--|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>MARION</u> b. (Middle) <u>COLLEENUS</u> c. (Last) <u>VAUGHN</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>April-21-1949</u> | | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>w</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u> | 8. DATE OF BIRTH <u>1862-4-18</u> | | 9. AGE (In years if under 1 year last birthday) Months Days Hours Mins. <u>87 0 3</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u> | 11. BIRTHPLACE (State or foreign country) <u>Monroe Co. Ala.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |

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|-----------------------------------|--|--------------------------------------|--|--|--|
| 13a. FATHER'S NAME <u>Unknown</u> | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>✓</u> | | | |
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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) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mathew M. Vaughn Braggadocio Mo.</u> | | | |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Stomach</u> | DUE TO (b) _____ | | | | |
| *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | DUE TO (c) _____ | | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | <u>151X</u> |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |

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| 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 12-1-49, 1949, to 4-21-1949, that I last saw the deceased alive on 4-21-1949, and that death occurred at _____ m., from the causes and on the date stated above.

| | | |
|--|------------------------------|---------------------------------|
| 23a. SIGNATURE (Degree or title) <u>J. L. Masters DO-2</u> | 23b. ADDRESS <u>Hayti Mo</u> | 23c. DATE SIGNED <u>4-23-49</u> |
|--|------------------------------|---------------------------------|

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|---|----------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>4-21-1949</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Wood Lawn</u> | 24d. LOCATION (City, town, or county) (State) <u>Hayti Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>5-9-49</u> | REGISTRAR'S SIGNATURE <u>John W. Germany</u> | 406 | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Noel C. Dean Cantonville Mo.</u> |
|--|--|-----|--|

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

78
6
7

~~5-49~~ 5-49-123



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.

Signed..... *Not Embalmed.*

Signed.....
Student Embalmer

Licensed Embalmer No. *3941*

P. O. Address *Not C. Deauville*

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