

No. 300
10.48

FILED APR 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14562

BIRTH NO. _____ REG. DIST. NO. 335 PRIMARY REG. DIST. NO. 4492 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Oran		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Oran	
c. LENGTH OF STAY (in this place) 3 month		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Residence			

3. NAME OF DECEASED (Type or Print) Jack	a. (First)	b. (Middle)	c. (Last) Vaughan	4. DATE OF DEATH (Month) (Day) (Year) April 2 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 10 1887	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR (Months) 1	IF UNDER 1 DAY (Days) 22	IF UNDER 1 HR. (Hours) _____	IF UNDER 1 MIN. (Min.) _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) Kentucky	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME William Vaughan	13b. MOTHER'S MAIDEN NAME Lizzie Davis	14. NAME OF HUSBAND OR WIFE Mary Vaughan
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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. 497-30-0820	17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary Vaughan	ADDRESS Oran, Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shave Shot Wound through Head. Self inflicted		INTERVAL BETWEEN ONSET AND DEATH 8976X
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) SUICIDE HOMICIDE Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Oran Scott Mo.
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 **First Call after death**, that I last saw the deceased alive on _____, 19____, and that death occurred at **10:55 AM**, from the causes and on the date stated above.

23a. SIGNATURE Edie Topf (Degree or title) Baron	23b. ADDRESS Sikeston Mo.	23c. DATE SIGNED 4/4/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Apr. 4 1949	24c. NAME OF CEMETERY OR CREMATORY Pollard Cemetery	24d. LOCATION (City, town, or county) (State) Scott County Mo.
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DATE REC'D/BY LOCAL REG. 4/11/49	REGISTRAR'S SIGNATURE G. B. MacCreedy 298	25. FUNERAL DIRECTOR'S SIGNATURE Earl Smith	ADDRESS Oran, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Office No. 2

District File Number 449-510

Date Filed 4-23-49

APR 28 1949

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
Student Embalmer

Signed

Carl J. Smith

Licensed Embalmer No. 2676

P. O. Address Crow Me.

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.