

FILED DEC 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40412

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 389 PRIMARY REG. DIST. NO. 5165 Registrar's No. 209

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Guthrie Twp.</u>	c. LENGTH OF STAY (If this place) <u>life</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Guthrie Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>3 mi North Guthrie Mo</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Willie</u>	b. (Middle) <u>F.</u>	c. (Last) <u>Vaughn</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 8 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Apr 17 - 1994</u>	9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>21</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Callaway Co. Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>E. B. Vaughn</u>	13b. MOTHER'S MAIDEN NAME <u>Lena Burdham</u>	14. NAME OF HUSBAND OR WIFE <u>Roland Vaughn</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) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs W. F. Vaughn</u>	ADDRESS <u>Guthrie</u>
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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) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis Gen</u>		

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 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)
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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
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22. I hereby certify that I attended the deceased from Dec 8, 1949, to Dec 8, 1949, that I last saw the deceased alive on Dec 8, 1949, and that death occurred at 1 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. McD. Rusk M.D.</u>	23b. ADDRESS <u>New Bloomfield Mo</u>	23c. DATE SIGNED <u>Dec 9-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 10-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Zepewell Cem</u>	24d. LOCATION (City, town, or county) (State) <u>2 mi West New Bloomfield</u>
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DATE REC'D BY LOCAL REG. <u>Dec-9-49</u>	REGISTRAR'S SIGNATURE <u>Libby Clayton</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Halt Clayton</u>	ADDRESS <u>See New Bloomfield</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

60 14

District Health Officer No. 9,
RECEIVED
District File Number

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 LeRoy Claypool
Licensed Embalmer No. 4412
P. O. Address New Bloomfield

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.