

FILED APR 4 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11547**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **748**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Illinois</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jefferson Barracks, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Taylorville</b>	
c. LENGTH OF STAY (In this place) <b>4 mos</b>		d. STREET ADDRESS (If rural, give location) <b>400 East Popular</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Vet. Adm. Hospital</b>			

3. NAME OF DECEASED (Type or Print) <b>CHARLES</b>	a. (First)	b. (Middle) <b>M.</b>	c. (Last) <b>VAUGHAN</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>3-21-1950</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>1-29-1897</b>	9. AGE (In years last birthday) <b>53</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Barber</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Staunton, Illinois</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Charles M. Vaughan</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Evans</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>	16. SOCIAL SECURITY NO. <b>328169683</b>	17. INFORMANT'S SIGNATURE OR NAME <b>EUGENE F. NOLAN, REPT. TRAM VET. ADM. HOSP., JEFF. BRKS., MISSOURI</b>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CARCINOMA, TONSIL WITH METASTASES</b>		
	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 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) <b>VA</b>	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 **11-30-49**, 19\_\_\_\_, to **3-21-50**, 19\_\_\_\_, that I had examined the body and that death occurred at **10 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>L. E. Storer, Chief, Prof. Services</b>	23b. ADDRESS <b>Vet. Adm. Hosp., Jeff. Brks., Mo.</b>	23c. DATE SIGNED <b>3-21-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>3-22-1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Taylorville, Illinois</b>	24d. LOCATION (City, town, or county) (State) <b>Taylorville, Ill.</b>
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DATE REC'D BY LOCAL REG. <b>3-22-50</b>	REGISTRAR'S SIGNATURE <b>Herbert G. Doube</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>C. Hoffmeister</b>	ADDRESS <b>U. &amp; L. Co. 721 1/2 S. Broadway</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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

*Louis C. Hoffmann*

Licensed Embalmer No. 3871

P. O. Address 7814 S. Ross

**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.