

FILED MAR 25 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11580**

170  
2

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

BIRTH NO. _____		REG. DIST. NO. <b>3 240</b>		PRIMARY REG. DIST. NO. <b>6093</b>		Registrar's No. <b>58</b>	
1. PLACE OF DEATH a. COUNTY <b>Saline</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Marshall, Mo. 7th</b>		c. LENGTH OF STAY (in this place) <b>8 mos.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City, Mo. 2088</b>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Missouri State School</b>				d. STREET ADDRESS (If rural, give location) <b>112 N. Jackson</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Barbara Jean Vaughn</b>			b. (Middle)			c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <b>March 16, 1950</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	
8. DATE OF BIRTH <b>Oct. 24, 1937</b>		9. AGE (In years last birthday) <b>12</b>		IF UNDER 1 YEAR Months Days		IF UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John Vaughn</b>		13b. MOTHER'S MAIDEN NAME <b>Callie Christian</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Records of Missouri State School</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Broncho Pneumonia,</b>				INTERVAL BETWEEN ONSET AND DEATH <b>12 hours</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) _____				<b>491X</b>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Has Convulsions. Bites her tongue</b>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>none</b>				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) (Min.)		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 <b>9-20</b> , 19 <b>49</b> , to <b>3-16</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>3-16</b> , 19 <b>50</b> , and that death occurred at <b>9:15A</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Francis S. Nichols, M.D.</b> (Degree or title)				23b. ADDRESS <b>Missouri State School Marshall, Mo.</b>		23c. DATE SIGNED <b>3-16-1950</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>3/16/50</b>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <b>Independence Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Mar. 17-1950</b>		REGISTRAR'S SIGNATURE <b>Sidney T Gray</b>		385		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Harry Hershberger Marshall Mo</b>	

RECEIVED MAR 20  
District Health Officer No. 8,  
District File Number \_\_\_\_\_  
Date Filed 3-24-50

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 Joseph R. Mackler  
Licensed Embalmer No. 4571  
P. O. Address Marshall, Mo

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.