

FILED MAY 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17569

BIRTH NO. _____ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 5804 Registrar's No. 26

0690
3

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

1. PLACE OF DEATH a. COUNTY MONROE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN RURAL-JACKSON TWP)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CENTER MO. 6870	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION UNDER WADASH R.R. TRESSLE OF PARIS		d. STREET ADDRESS (If rural, give location) ✓	
3. NAME OF DECEASED a. (First) ALONZO b. (Middle) SAMUEL c. (Last) VAUGHN			4. DATE OF DEATH (Month) (Day) (Year) MAY 15th 1950
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MARCH 22 1892
9. AGE (In years last birthday) 58		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARM HAND	
11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME ISAM W. VAUGHN		13b. MOTHER'S MAIDEN NAME MARTHA JANE WILLIAMS	
14. NAME OF HUSBAND OR WIFE LEOTA G. VAUGHN		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES	
16. SOCIAL SECURITY NO. 486-18-4235		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. LEWIS R. TAYLOR, PARIS, MO.	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) FALL From Railroad Tressle 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 069	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 8:30-2:30 45	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) WADASH Rail Road	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Paris, Monroe Missouri		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Accidental fall from RR Tressle	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2 1/2 m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Russell M. Wilson, 3, CORONER		23b. ADDRESS MONROE CITY, MO.	
23c. DATE SIGNED 5-16-1950		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE 5-18-50		24c. NAME OF CEMETERY OR CREMATORY HUNNEWELL	
24d. LOCATION (City, town, or county) (State) HUNNEWELL, MO.		DATE REC'D BY LOCAL REG. 5-17-50	
REGISTRAR'S SIGNATURE J. A. Barnett, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Speed & Blakely, PARIS, MO.	

RECEIVED MAY 22 1950
District Health Officer No. 10
District File Number 5-58-82
Date Filed

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 E. M. Agnew

Signed

Student Embalmer

Licensed Embalmer No. 4000

P. O. Address Paris, Missouri

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.