

FILED AUG 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26316

State File No. ....

BIRTH NO. 124 REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 4119 Registrar's No. 18

1. PLACE OF DEATH  
a. COUNTY Christian County Mo.  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ozark Mo.  
c. LENGTH OF STAY (in this place)  
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address of location) Haysmanwood Hospital

2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission).  
a. STATE Mo. b. COUNTY Christian  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ozark Mo.  
d. STREET ADDRESS (If rural, give location) Ozark, Mo. City

3. NAME OF DECEASED  
a. (First) Mattie b. (Middle) L. c. (Last) Vaughan  
4. DATE OF DEATH (Month) (Day) (Year) May 25, 1950

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH June 25, 1873 9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) 76 yr

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Keeper 10b. KIND OF BUSINESS OR INDUSTRY Home Keeper 11. BIRTHPLACE (State or foreign country) Missouri 12. CITIZEN OF WHAT COUNTRY? 0

13a. FATHER'S NAME Silva W. Ramsey 13b. MOTHER'S MAIDEN NAME Mary Suggston 14. NAME OF HUSBAND OR WIFE E. G. Vaughan, Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Katherine Repp, Ozark Mo

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cerebral accident  
\*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.  
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. Arteriosclerosis, severe

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES  NO

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) 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 25, 1950, to May 25, 1950, that I last saw the deceased alive on May 25, 1950, and that death occurred at 7 P. M. from the causes and on the date stated above.

23a. SIGNATURE S. D. Repp (Degree or title) 23b. ADDRESS Ozark, Mo 23c. DATE SIGNED 8 Aug 50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE May 28, 50 24c. NAME OF CEMETERY OR CREMATORY Vaughan Cemetery 24d. LOCATION (City, town, or county) (State) Christian County Mo

REC'D BY LOCAL REG. Aug 16 1950 REGISTRAR'S SIGNATURE Luella Leonard 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS T. B. Chaffin Ozark, Mo  
(Licensed Embalmer's Statement on Reverse Side)

MAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG-3-1950

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED AUG 10 1950

Dist. File 850-967

Date Filed 8-14-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

working under my personal supervision.

Student Embalmer No

Signed

*T. B. Craft*

Signed.....  
Student Embalmer

Licensed Embalmer No

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDS (the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.