

FILED NOV 14 1950

STANDARD CERTIFICATE OF DEATH

State File No. 32950

BIRTH NO. _____		REG. DIST. NO. <u>65</u>		PRIMARY REG. DIST. NO. <u>4113</u>		Registrar's No. <u>102</u>	
1. PLACE OF DEATH a. COUNTY <u>CHARITON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CHARITON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BRUNSWICK</u>		c. LENGTH OF STAY (in this place) <u>20 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BRUNSWICK</u>		d. STREET ADDRESS (If rural, give location) <u>MULBERRY ST.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MULBERRY ST.</u>				d. STREET ADDRESS (If rural, give location) <u>MULBERRY ST.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>HENRIETTA</u>		b. (Middle) _____		c. (Last) <u>GORDON</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>10-31-1950</u>		5. SEX <u>3</u> <u>FEMALE</u>		6. COLOR, OR RACE <u>COL</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>	
8. DATE OF BIRTH <u>4-17-1882</u>		9. AGE (in years last birthday) <u>68</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		11. BIRTHPLACE (State or foreign country) <u>DALTON MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWORK</u>		11. BIRTHPLACE (State or foreign country) <u>DALTON MISSOURI</u>	
13. FATHER'S NAME <u>BENJAMIN F. VAUGHAN</u>		13b. MOTHER'S MAIDEN NAME <u>D.K.</u>		14. NAME OF HUSBAND OR WIFE <u>WIDOW</u>		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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ira Gordon</u>		18. ADDRESS <u>BRUNSWICK MO</u>		19. DATE OF OPERATION	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Nephritis</u> ANTECEDENT CAUSES Morbid conditions, if any, stating rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>592X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		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 <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 <u>Feb 5th, 1949</u> , to <u>Oct. 31, 1950</u> , that I last saw the deceased alive on <u>Oct. 31, 1950</u> , and that death occurred at <u>8 PM</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>L. Peter</u>		23b. ADDRESS <u>Brunswick MO.</u>		23c. DATE SIGNED <u>Nov. 2-1950</u>		24a. BURIAL (REMOVAL, REMOVAL) (Specify) <u>BURIAL</u>	
24b. DATE <u>11-3-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>COLORED</u>		24d. LOCATION (City, town, or county) (State) <u>BRUNSWICK MO.</u>		DATE REC'D BY LOCAL REG. <u>11-3-1950</u>	
REGISTRAR'S SIGNATURE <u>Mildred</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. Weisel</u>		ADDRESS <u>Brunswick</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. Weisel</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: NOV 7 1950
DISTRICT HEALTH OFFICE #2
District File Number // - 50 - /
Date Filed: NOV 8 1950

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..... *L W Macisak*

Licensed Embalmer No. *822*

P. O. Address *Brenneman M*

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.