

FILED JAN 13 1951

STANDARD CERTIFICATE OF DEATH

State File No. 42955
11319

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 30 hrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2769			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1				d. STREET ADDRESS (If rural, give location) 3437 Klein Street					
3. NAME OF DECEASED (Type or Print)		a. (First) PEGGY		b. (Middle) ANN		c. (Last) VAUGHN			
4. DATE OF DEATH		(Month) December		(Day) 31		(Year) 1950			
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S U		8. DATE OF BIRTH Oct. 6 - 1949			
9. AGE (In years last birthday) 1		# UNDER 1 YEAR Months 1		# UNDER 2 Wks. Days 1		# UNDER 2 Hrs. Hours 1			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) LEPANTO, ARKANSAS		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME JAMES VAUGHN			13b. MOTHER'S MAIDEN NAME Imogene Scudder			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. DECEASED'S SIGNATURE OR NAME JAMES VAUGHN		ADDRESS 3437 Klein Street			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Meningococci Septicemia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH			
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 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 057.1					
22. I hereby certify that I attended the deceased from 12/30/50 , to 12/31/50 , that I last saw the deceased alive on 12/31/50 , and that death occurred at 8:30 a. m. , from the causes and on the date stated above.									
23a. SIGNATURE W. C. Harbrough			(Degree or title) M. P.		23b. ADDRESS 1515 Lafayette Ave		23c. DATE SIGNED 12-31-50		
24a. BURIAL (CREMATION REMOVAL) (Specify) Removal		24b. DATE 5/12-31-50		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) LEPANTO, ARKANSAS			
DATE REC'D BY LOCAL REG. JAN 3 1951		REGISTRAR'S SIGNATURE [Signature]			25. FUNERAL DIRECTOR'S SIGNATURE McLarghlin's			ADDRESS 2201 Lafayette Ave	

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

L. P. Cooper

Signed.....
Student Embalmer

Licensed Embalmer No. *3633*

P. O. Address. *2301 N. ...*

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.