

No. 300
10.48

FILED JAN 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1879

BIRTH NO. _____ REG. DIST. NO. 212 PRIMARY REG. DIST. NO. 8999 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>MILLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MILLER</u>	
b. CITY OR TOWN <u>ELDON "RURAL"</u>		c. CITY OR TOWN <u>ELDON "RURAL"</u> <u>0663</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>FRANKLIN TOWNSHIP</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FRANKLIN TOWNSHIP</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MARY</u>	b. (Middle) <u>C.</u>	c. (Last) <u>VAUGHAN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 14, 1951</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>AUG. 8, 1927</u>	9. AGE (in years last birthday) <u>23</u>	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEKEEPER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>DOMESTIC</u>	11. BIRTHPLACE (State or foreign country) <u>Caldwell Co., Md.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>CLARENCE CHRISTENSEN</u>	13b. MOTHER'S MAIDEN NAME <u>DILLIE LEFFERT</u>	14. NAME OF HUSBAND OR WIFE <u>EDWARD T. VAUGHAN</u>
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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.	17. INFORMANT'S SIGNATURE OR NAME <u>Clarence Christensen Linn Creek</u>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Internal hemorrhages</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>fracture of 5 ribs on left side, piercing abdominal & thoracic organs</u>		
	DUE TO (c) <u>abdominal & thoracic organs</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>immediate</u> <u>4:30 P.M.</u> <u>3:00</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>066</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 54, 20 miles North Bendell Dam Miller Missouri</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Miller Missouri</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan. 14, 1951 2 m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Car accident</u>
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22. I hereby certify that I attended the deceased from Jan 14, 1951, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Walter P. Hedges</u>	(Degree or title) <u>Cornet's Herd, Missouri</u>	23b. ADDRESS	23c. DATE SIGNED <u>1/15/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JAN. 16, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dooley</u>	24d. LOCATION (City, town, or county) (State) <u>ELDON, MO.</u>
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DATE REC'D BY LOCAL REG. <u>Jan 16, 1951</u>	REGISTRAR'S SIGNATURE <u>Florence Stevens, Deputy</u>	192	25. FUNERAL DIRECTOR'S SIGNATURE <u>Miss D. Phillips</u>	ADDRESS <u>Eldon</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0663

Jan 16, 1951

RECEIVED

JAN 22 1951

MILLER COUNTY HEALTH
DEPARTMENT

RECEIVED

JAN 22 1951

MILLER COUNTY HEALTH
DEPARTMENT

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.....
Student Embalmer

Signed *Ernie D. Phillips*
Licensed Embalmer No. *3663*

P. O. Address *.....*

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.