

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4104**

FILED FEB 18 1952

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **5134** Registrar's No. **179**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Washington		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Washington	
c. LENGTH OF STAY (in this place) 3 yrs.			
d. FULL NAME OF HOSPITAL OR INSTITUTION 3612 So. 16th St.		d. STREET ADDRESS (If rural, give location) 3612 So. 16th St.	

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) B. c. (Last) VAUGHN			4. DATE OF DEATH (Month) (Day) (Year) 2 13 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3-21-1911	9. AGE (In years) (Month) (Day) (Year) 40	IF UNDER 1 YEAR (Hours) (Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Kelsey Nurseries		11. BIRTHPLACE (State or foreign country) Andrew Co., Missouri	
12. CITIZENRY OF WHAT COUNTRY? USA					

13a. FATHER'S NAME W.J. Vaughn		13b. MOTHER'S MAIDEN NAME Laura E. Burns		14. NAME OF HUSBAND OR WIFE Ruth L. Vaughn	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Type no. or unknown) No		16. SOCIAL SECURITY (If no, give war or dates of service) None		17. INFORMANT'S SIGNATURE OR NAME Ruth L. Vaughn, 3612 So. 16th St.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gun shot wound in the head (self inflicted)			1 day
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) head (self inflicted) DUE TO (c) Man shot himself while alone in the basement of his home with a 22 Caliber target rifle			
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 The bullet entered the skull near the center of the forehead.			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Washington, Buchanan Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb 13-1952 8: A m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Man shot himself E 976X

22. I hereby certify that I ^{pronounced} the deceased ~~dead~~ **on 2/13, 1952**, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **8:00 Am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. F. Mundy, M.D. (Coroner)		23b. ADDRESS St. Joseph Mo.		23c. DATE SIGNED 2/13/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-15-1952	24c. NAME OF CEMETERY OR CREMATORY Savannah Cemetery	24d. LOCATION (City, town, or county) (State) Savannah, Missouri	
DATE REC'D BY LOCAL REG. Feb 14, 1952	REGISTRAR'S SIGNATURE Carl C. C... 446	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS St. Joseph, Mo.		

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *John E. Rupp* _____

Licensed Embalmer No. *3986* _____

P. O. Address *St. Joseph, Mo.* _____

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.