No. 300
10.48

FILED DEC 24 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42644

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 202

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

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Webb City
c. LENGTH OF STAY (In this place): 4 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 514 S. Jefferson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Webb City
d. STREET ADDRESS (If rural, give location): 514 S. Jefferson

3. NAME OF DECEASED (Type or Print)
a. (First): Fern
b. (Middle): E
c. (Last): Vaughan

4. DATE OF DEATH (Month) (Day) (Year): Dec. 18, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 23, 1893
9. AGE (In years last birthday): 59
IF UNDER 1 YEAR: Months: 5 Days: 25
IF UNDER 24 HRS.: Hours: Min.:

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

13a. FATHER'S NAME: W.S. Gunning
13b. MOTHER'S MAIDEN NAME: Sarah Brenneman
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Lamoine Shelton 526 S. Madison St. Webb City, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebellar Ataxia — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) unknown

DUE TO (c) 7805

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 ☐ 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) m.:
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* June 1, 1952, *to* Dec 18, 1952, *that I last saw the deceased alive on* Dec 18, 1952, *and that death occurred at* 7:10 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: M S Slaughter (Degree or title) D.O.
23b. ADDRESS: Webb City, Missouri
23c. DATE SIGNED: 12-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-22-52
24c. NAME OF CEMETERY OR CREMATORY: Mt. Hope Cemetery
24d. LOCATION (City, town, or county) (State): Webb City, Mo.

DATE REC'D BY LOCAL REG.: 12-20-1952
REGISTRAR'S SIGNATURE: Mrs. Madeline Switzer
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: Johnston-Arnce-Simpson, Webb City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 12-22-52
Jasper County Health Office
County File Number 52/12/1002
Date Filed 12-22-52

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 Harvey E. Arnce
Licensed Embalmer No. 4463
P. O. Address Well City 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.