

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 3 1953

BIRTH NO. _____		REG. DIST. NO. 102		PRIMARY REG. DIST. NO. 5416		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Dunklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dunklin			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Buffalo- Rural)		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Buffalo- Rural		0350	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) Cardwell,			
3. NAME OF DECEASED (Type or Print) Fannie Joiner Vaughn			a. (First) Joiner			b. (Middle) Vaughn	
4. DATE OF DEATH (Month) (Day) (Year) 3-22-53							
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 3-13-1875	
9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months 0		IF UNDER 1 YEAR Days 8		IF UNDER 1 YEAR 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) Alabalma	
12. CITIZEN OF WHAT COUNTRY? USA							
13a. FATHER'S NAME Charlie Joiner			13b. MOTHER'S MAIDEN NAME unknown			14. NAME OF HUSBAND OR WIFE Franklin Vaughn	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Emma Mizé Cardwell, Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBROVASCULAR ACCIDENT.							
INTERVAL BETWEEN ONSET AND DEATH							
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.							
II. ANTECEDENT CAUSES							
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) THROMBOSIS							
DUE TO (c) ARTERIOSCLEROSIS							
III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death CHRONIC BRONCHOPULMONARY DISEASE							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331x				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 1950 , to 3/21 , 19 53 , that I last saw the deceased alive on 3/21 , 19 53 , and that death occurred at 2:30 Pm. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) William E. Cook M.D.				23b. ADDRESS Cardwell, Missouri		23c. DATE SIGNED 3-22-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-23-53		24c. NAME OF CEMETERY OR CREMATORY Cogrum		24d. LOCATION (City, town, or county) (State) Cardwell, Mo. Rt. 1	
DATE REC'D BY LOCAL REG. 3-22-53		REGISTRAR'S SIGNATURE Hubert B. Baird		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hubert B. Baird, Cardwell, Mo			

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

350
1

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 4-1-58
COUNTY FILE NUMBER 453-95

DATE OF EXPIRATION

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: HUBERT B. BAIRD

Licensed Embalmer No. 4888

P. O. Address: CARDWELL 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.