

FILED MAR 19 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11141

State File No.

0940
2

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

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>6075</u>		Registrar's No. <u>100</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY OR TOWN <u>Farmington</u> <small>(If outside corporate limits, write RURAL and give township)</small>		c. LENGTH OF STAY <u>20Y; 2M; 11D</u> <small>(In this place)</small>		c. CITY OR TOWN <u>Unknown</u> <small>(If outside corporate limits, write RURAL and give township)</small>		4000	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri State Hospital No. 4</u>				d. STREET ADDRESS (If rural, give location) <u>Unknown</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JACOB</u>		b. (Middle) <u>JACKSON</u>		c. (Last) <u>VAUGHN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 1, 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 31, 1878</u>		9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Common labor</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Cuba, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Vaughn</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth O'Neill</u>		14. NAME OF HUSBAND OR WIFE <u>Unknown</u>			
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. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>John W. Vaughn, 2349 So. 9th St. Louis, Mo. and Records, State Hospital No. 4.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary tuberculosis, bilateral</u> INTERVAL BETWEEN ONSET AND DEATH <u>since Sept. 1952.</u> ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS <u>Psychosis with cerebral arteriosclerosis.</u> Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>002x</u>				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 <u>Sept. 8, 1952</u> , to <u>March 1, 1953</u> , that I last saw the deceased alive on <u>March 1, 1953</u> , and that death occurred at <u>8:45 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. J. W. Vaughn, M.D.</u>				23b. ADDRESS <u>State Hospital No. 4, Farmington, Mo.</u>		23c. DATE SIGNED <u>3-3-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-4-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Mar. 3, 1953</u>		REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Wacker-Helderle, 3634 Gravois, St. Louis, Mo.</u>			

NOV 22 1953

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 _____

Frank J. Wyland

Licensed Embalmer No. *2645*

P. O. Address *St. Louis, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 11141-53

State of Mo.
City of St. Louis SS.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

On this 4 day of March, 1953, before me appears.....

John W. Vaughn, who, upon his oath, states that the original record of ~~birth~~ death
for Jacob J. Vaughn, died March 1, 1953, in the State of
Missouri, and which was filed at St. Francis Co., Mo. on Mar. 2, 1953, should be corrected as follows:

Item No. 3 should read Jacob J. Vaughn
Instead of John Jacob Vaughn
Item No. should read.....

Item No. should read.....
Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant: John W. Vaughn Beacher Relationship.

2349 1/2 9th St
Present Address.

Subscribed and sworn to before me this 4 day of March, 1953

Frank E. Dudwick Notary Public.

MAR 14 1977