

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12650**

FILED APR 11 1953

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **54** Registrar's No. **1004**

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLAYTON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FERGUSON 2 4049	
c. LENGTH OF STAY (in this place) 40 MIN		d. STREET ADDRESS (If rural, give location) 10113 CLAREMONT DR.	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS COUNTY HOSPITAL			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Nancy	b. (Middle) ELIZABETH	c. (Last) Vaughan	(Month) 4	(Day) 6	(Year) 1953

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH JAN. 7 1901	9. AGE (In years last birthday) 52	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK	10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (City and State or Foreign Country) BARDWELL, KY.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME WILL M. COV	13b. MOTHER'S MAIDEN NAME JENNIE HOGANKAMP	14. NAME OF HUSBAND OR WIFE FLOYD
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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) No	16. SOCIAL SECURITY NO. 488-24-9699	17. INFORMANT'S SIGNATURE OR NAME EDWARD LEROUX	ADDRESS 10113 CLAREMONT
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of stomach		INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
		DUE TO (b) _____		
		DUE TO (c) _____		
		II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. 151X		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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 **4-6-1953** to **4-6-1953**, that I last saw the deceased alive on **4-6-1953**, and that death occurred at **8:20pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles E. Nichols, M.D.	23b. ADDRESS 601 S. Brentwood Clayton	23c. DATE SIGNED 4-7-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 4-7-53	24c. NAME OF CEMETERY OR CREMATORY PONDER	24d. LOCATION (City, town, or county) (State) DONIPHAN, MO
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DATE REC'D BY LOCAL REG. 4-7-53	REGISTRAR'S SIGNATURE Hubert R. Danks	25. FUNERAL DIRECTOR'S SIGNATURE ALBERT H. HOPP	ADDRESS 4700 WASHINGTON
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(Licensed Embalmer's Statement on Reverse Side)

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

APR 21 1955

NOV 10 1955

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 J. Harris
Licensed Embalmer No. 4108

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.