No. 300
10.48

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

FILED APR 16 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14863

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 44

1. PLACE OF DEATH
a. COUNTY: Lawrence
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aurora
c. LENGTH OF STAY (In this place): 3 wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Aurora City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Stone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Galena
d. STREET ADDRESS (If rural, give location): Route #1

1040

3. NAME OF DECEASED (Type or Print)
a. (First): ANNA
b. (Middle): ELIZABETH
c. (Last): VAUGHAN

4. DATE OF DEATH (Month) (Day) (Year): April 6, 1953

5. SEX: F.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Oct. 10, 1872
9. AGE (In years last birthday): 80 — If under 1 year: Months 5, Days 26 — 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 (City and State or Foreign Country): Christian Co. Missouri
12. CITIZEN OF WHAT COUNTRY?: USA.

13a. FATHER'S NAME: J.H. Simpson
13b. MOTHER'S MAIDEN NAME: Elizabeth Clevenger
14. NAME OF HUSBAND OR WIFE: Ish Bowling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Ish Vaughan — ADDRESS: Galena, 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) Burns over 3/3 trunk of body — INTERVAL BETWEEN ONSET AND DEATH: 3 wks.

ANTECEDENT CAUSES
Morbid 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. Chronic myocarditis. Arteriosclerosis. — years, years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 104 E 9/60 16
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident.
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home.
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): STONE - Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): March 14-1953 8:00 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Fell against stove.

22. *I hereby certify that I attended the deceased from* March 16, 1953, *to* April 6, 1953, *that I last saw the deceased alive on* April 6, 1953, *and that death occurred at* 2:00 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: A. P. Coyle
(Degree or title): M.D.
23b. ADDRESS: Aurora, Mo.
23c. DATE SIGNED: 4-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 8, 1953
24c. NAME OF CEMETERY OR CREMATORY: Nolan Cemetery
24d. LOCATION (City, town, or county) (State): Galena, Missouri

DATE REC'D BY LOCAL REG.: April 13, 1953
REGISTRAR'S SIGNATURE: Ora McNatt
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Marsh Funeral Home, Aurora, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Robert E. Muhlemann

Licensed Embalmer No. 4916

P. O. Address Aurora, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.