

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44894

State File No. ....

FILED DEC 18 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 339 PRIMARY REG. DIST. NO. 4506 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Essex</u>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Essex</u>	
		d. STREET ADDRESS (If rural, give location) <u>1030</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Thomas</u>	b. (Middle) <u>J.</u>	c. (Last) <u>Vaughn</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 25, 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, <u>1</u> WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Nov. 11, 1860</u>	9. AGE (In years last birthday) <u>93</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>14</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Stoddard County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
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13a. FATHER'S NAME <u>Henry Vaughn</u>	13b. MOTHER'S MAIDEN NAME <u>Ann Harvey</u>	14. NAME OF HUSBAND OR WIFE <u>Emma B. Vaughn (Dec'd)</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Jesse Vaughn,</u> ADDRESS <u>Essex, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>4201</u>
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22. I hereby certify that I attended the deceased from Nov 18, 1950, to Nov 25, 1953, that I last saw the deceased alive on Nov 25, 1952, and that death occurred at 4:30 Pm., from the causes and on the date stated above.

23a. SIGNATURE <u>H. J. Neely</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Essex Mo</u>	23c. DATE SIGNED <u>Dec 3 53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-27-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Valley</u>	24d. LOCATION (City, town, or county) (State) <u>R.F.D. #1, Dexter, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Dec. 8, 1953</u>	REGISTRAR'S SIGNATURE <u>Claudine Williams</u> <u>497</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Strickland-Rainey</u> ADDRESS <u>Dexter, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

**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 \_\_\_\_\_

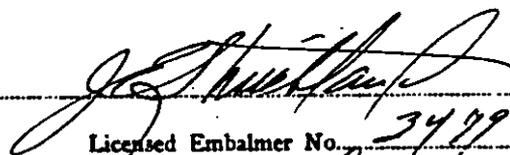
Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed \_\_\_\_\_



Licensed Embalmer No. \_\_\_\_\_

3429

P. O. Address \_\_\_\_\_

Planters Mills

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.