

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3945**

BIRTH NO. FILED FEB 24 1954 REG. DIST. NO. **23** PRIMARY REG. DIST. NO. **4037** Registrar's No. **4**

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Bates</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Bates</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>Foster</b> |  | c. CITY OR TOWN <b>Foster</b>  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. LENGTH OF STAY (in this place)<br><b>Life</b>                                      |  | e. STREET ADDRESS (If rural, give location)<br><b>Rt #1</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Foster</b>                              |  |  |  |

|  |                                  |  |  |  |  |  |  |
|--|----------------------------------|--|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>John</b>  |                                  | b. (Middle) <b>H.</b>  |  | c. (Last) <b>Vaughn</b>  |  | 4. DATE (Month) (Day) (Year)<br><b>'DEATH Feb. 15, 1954</b>                          |  |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b> |  | 8. DATE OF BIRTH<br><b>April 17, 1900</b>                                  |  | 9. AGE (In years last birthday) <b>53</b><br>IF UNDER 1 YEAR: Months Days Hours Min. |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Farmer</b> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Farming</b>                      |  | 11. BIRTHPLACE (City and State or Foreign Country) <b>Foster, Missouri</b> |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>  |  |

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 13a. FATHER'S NAME<br><b>James Vaughn</b> |  | 13b. MOTHER'S MAIDEN NAME<br><b>Mary Jane Hornback</b> |  | 14. NAME OF HUSBAND OR WIFE<br><b>Mary Frances Vaughn</b> |  |
|---|--|--|--|---|--|

|   |  |   |  |  |  |         |  |
|---|--|---|--|--|--|---------|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> |  | 16. SOCIAL SECURITY NO.<br><b>509 05 5026</b> |  | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Mary Frances Vaughn Foster, Missouri</b> |  | ADDRESS |  |
|---|--|---|--|--|--|---------|--|

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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Accidental Death</b>  |  | INTERVAL BETWEEN ONSET AND DEATH |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>From Injuries sustained</b>  |  |                                  |
|  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br>DUE TO (c) <b>having been dragged by a tractor. Skull fracture</b> |  |                                  |

|                        |  |   |
|------------------------|--|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION<br><b>Dead on arrival</b> | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|--|---|

|   |   |   |
|---|---|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)<br><b>Accident</b> | 21b. PLACE OF INJURY (e.g., in or about home, in factory, street, etc.)<br><b>Street in Foster, Bates Co. Mo.</b> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br><b>Foster, Bates Co. Mo.</b> |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)             | 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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **2:45 p.m.**, from the causes and on the date stated above.

|   |                                      |                                    |
|---|--------------------------------------|------------------------------------|
| 23a. SIGNATURE (Degree or title)<br><b>Clavin Sivich Acting Coroner</b> | 23b. ADDRESS<br><b>Bates Co. Mo.</b> | 23c. DATE SIGNED<br><b>2-16-54</b> |
|---|--------------------------------------|------------------------------------|

|  |                               |   |  |
|--|-------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> | 24b. DATE<br><b>2-18-1954</b> | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Salem Cemetery</b> | 24d. LOCATION (City, town, or county) (State)<br><b>Foster, Missouri</b> |
|--|-------------------------------|---|--|

|   |   |  |                             |
|---|---|--|-----------------------------|
| DATE REC'D BY LOCAL REG.<br><b>Feb 18</b> | REGISTRAR'S SIGNATURE<br><b>Fern Martin</b> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>John H. Underwood</b> | ADDRESS<br><b>Bates Co.</b> |
|---|---|--|-----------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 12 1956

SEP 4 1957

NOV 16 1960

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.....  
Signature of Student Embalmer

Signed *Robert E. Steinbeck*

Licensed Embalmer No. *465*

P. O. Address *Burlington, MA*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.