

FILED AUG 30 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26994

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3035 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <b>HOWELL</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>HOWELL</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>WEST PLAINS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>WEST PLAINS</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Christa Taylor Hosp</b>		d. STREET ADDRESS (If rural, give location) <b>GAINSVILLE RTE</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>VERNON</b> b. (Middle) <b>MUREL</b> c. (Last) <b>VAWTER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>7-26-54</b>		
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>S</b>	8. DATE OF BIRTH <b>8-6</b>	9. AGE (In years last birthday) <b>22</b>	10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days	12. UNDER 1 YEAR Hours	13. UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>K</b>		11. BIRTHPLACE (State or foreign country) <b>pomona, missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>usa</b>	
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13a. FATHER'S NAME <b>JOHN B. VAWTER</b>		13b. MOTHER'S MAIDEN NAME <b>MABEL ?</b>		14. NAME OF HUSBAND OR WIFE <b>X</b>	
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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) <b>YES KOREAN</b>		16. SOCIAL SECURITY NO. <b>YES</b>		17. INFORMANT'S SIGNATURE OR NAME <b>VAWTER MABEL VAWTER</b>		ADDRESS <b>WEST PLAINS, MO</b>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Sunshot Wound</b> DUPLICATE (b) <b>Revolver Bullet</b> DUPLICATE (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>E9190</b> <b>19</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1 1/2 hours</b>	
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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 (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>West Plains Howell Mo</b>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Gun Accidentally Discharged</b>	
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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 **7:20 PM** from the causes and on the date stated above.

23a. SIGNATURE <b>Joe C. Duncan</b>		(Degree or title)		23b. ADDRESS <b>Coronet Bldg New Mo.</b>		23c. DATE SIGNED <b>8-25-54</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>B</b>		24b. DATE <b>7-30-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>OAK LAWN</b>		24d. LOCATION (City, town, or county) (State) <b>WEST PLAINS, MO</b>	
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DATE REC'D BY LOCAL REG. <b>8-28-54</b>		REGISTRAR'S SIGNATURE <b>Beatrice Cook</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>ROBERTSON</b>		ADDRESS <b>WEST PLAINS, MISSOURI</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

SEP 1

SEP 8 192

AUG 30 192

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

*J. S. Roberts*

Licensed Embalmer No. *2477*

P. O. Address

*West Plains, 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.