

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED DEC 13 1954

State File No. **37814**

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 3031 Registrar's No. 52

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY JEFFERSON	a. STATE Mo.	b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, write RURAL and give township) De Soto	c. CITY OR TOWN De Soto	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) 12 YRS.		e. STREET ADDRESS (If rural, give location) 701 No. 6th St. 0502	
d. FULL NAME OF HOSPITAL OR INSTITUTION 701 No. 6th St.			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Gertrude	b. (Middle) Amanda	c. (Last) Vaught	11-30-54		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 29-1877		9. AGE (In years last birthday) 77
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Johnson Co., Ind.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James M. Kelly	13b. MOTHER'S MAIDEN NAME McIntyre	14. NAME OF HUSBAND OR WIFE Lee O. Vaught	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Geo. Vaught	
		ADDRESS De Soto 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma - Colon		INTERVAL BETWEEN ONSET AND DEATH 2 days
	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 153X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) (m.)	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 6/6/53, 19 , to 11/29/54, 19 , that I last saw the deceased alive on 11/29, 1954, and that death occurred at 1:00 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles E. Fallet	23b. ADDRESS 3114 De Soto, Mo	23c. DATE SIGNED 11-30-54
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12-2-54	24c. NAME OF CEMETERY OR CREMATORY Memorial
24d. LOCATION (City, town, or county) (State) Pine Bluff, ARK.	25. FUNERAL DIRECTOR'S SIGNATURE J. Lee Mathershead	
DATE REC'D BY LOCAL REG. 12-1-54	REGISTRAR'S SIGNATURE Marie Harris	ADDRESS De Soto Mo

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

No. 300
10.48

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JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

DEC 6 1954

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... Andrew H. England

Licensed Embalmer No... 474

P. O. Address De Soto, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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