

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21377

State File No.

BIRTH NO. 42219-55 REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 5199 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>Camden</u>		2. USUAL RESIDENCE (Where deceased lived) If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Asper</u>	c. LENGTH OF STAY (in this place) <u>life</u>	c. CITY OR TOWN <u>Lin Creek</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Vaughn Home</u>		e. STREET ADDRESS (If rural, give location) <u>Route 1</u> 0150	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ann</u> b. (Middle) <u>Vaughn</u> c. (Last) <u>Vaughn</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 24 1955</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>Wht</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	8. DATE OF BIRTH <u>July 24 1933</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min. <u>30</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTH PLACE (City and State or Foreign Country) <u>Rural Lin Creek Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Leo Vaughn</u>	13b. MOTHER'S MARRIAGE NAME <u>Bettie Craven</u>	14. NAME OF HUSBAND OR WIFE <u>as above</u>
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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) <u>none</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Leo Vaughn</u>	ADDRESS <u>as above</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, asthenia, 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* <u>Mother had congestive heart failure</u>		
	ANTECEDENT CAUSES <u>antib anginal stenosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Placenta</u> DUE TO (c) <u>dually lived 30 weeks</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>7670</u>			

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)	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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 7-24, 1954, to 7-24, 1955 that I last saw the deceased alive on 7-24, 1953, and that death occurred at 1209m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Charles W. ...</u>	23b. ADDRESS <u>Carrollton Mo</u>	23c. DATE SIGNED <u>7-25-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>buried</u>	24b. DATE <u>July 25-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Pleasant Hill Mo</u>
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DATE REC'D BY LOCAL REG. <u>July 25-1955</u>	REGISTRAR'S SIGNATURE <u>Zilpha Draw</u>	42- <u>0</u>	25. FUNERAL DIRECTOR'S SIGNATURE (Address) <u>Banksou - Wolery</u>
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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.....
Signature of Student Embalmer

Signed.....
Abbie Woolery

Licensed Embalmer No. *248*

P. O. Address *Camdent*

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.