

FILED JAN 31 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 491

BIRTH NO. _____		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>3008</u>		Registrar's No. <u>27</u>	
1. PLACE OF DEATH a. COUNTY <u>CALLAWAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CALLAWAY</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FULTON</u>		c. LENGTH OF STAY (In this place) <u>2 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FULTON</u>		143	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>827 State Street</u>				d. STREET ADDRESS (If rural, give location) <u>827 STATE STREET</u>			
3. NAME OF DECEASED (Type or Print) <u>DOROTHY</u>		a. (First)		b. (Middle) <u>CATHERINE</u>		c. (Last) <u>VAUGHN</u>	
4. DATE OF DEATH <u>JANUARY 13 1956</u>		5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>NEGRO</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>JAN. 15, 1928</u>		9. AGE (In years last birthday) <u>28</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LIBRARIAN</u>		11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS, MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>JOHN BLUF</u>		13b. MOTHER'S MAIDEN NAME <u>ROSE MANNINGS</u>		14. NAME OF HUSBAND OR WIFE <u>ALVAH M. VAUGHN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO.</u>		16. SOCIAL SECURITY NO. <u>498 28 3007</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Alvah M. Vaughn, 827 State St.</u>			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock</u> ANTECEDENT CAUSES DUE TO (b) <u>Brain Concussion</u> DUE TO (c) <u>Ideal Laceration</u> 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fraction Burns on neck</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u> <u>9000</u> <u>21</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Due to fall down steps in home</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <u>Home accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Fulton 13¹ Callaway Mo</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 13, 1956 11 A m.</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fall down steps in home</u>					
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 <u>11 A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Harry A. Stewart Coroner</u>				23b. ADDRESS <u>Fulton Mo</u>		23c. DATE SIGNED <u>1/24/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN. 17 '56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WASHINGTON PARK</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>Jan 28-1956</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Harry T. Bell</u>		ADDRESS <u>FULTON, MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

FEB 3 1956

FEB 27 1956

MAY 24 1956

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. Larry T. Bell

Licensed Embalmer No. 4867

P. O. Address Fulton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

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