

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **9929**

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

BIRTH NO. _____		REG. DIST. NO. <u>239</u>		PRIMARY REG. DIST. NO. <u>4356</u>		Registrar's No. <u>11</u>			
1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Parma</u>		c. LENGTH OF STAY (in this place) <u>51 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Parma</u>		d. STREET ADDRESS (If rural, give location) <u>120</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lee</u> b. (Middle) <u>Roy</u> c. (Last) <u>Vaughn</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 24 1956</u>						
5. SEX <u>M</u>		6. COLOR OR RACE <u>cauc.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Sept. 22, 1859</u>			
9. AGE (In years) <u>96</u>		IF UNDER 1 YEAR last birthday) Months <u>2</u> Days <u>2</u>		IF UNDER 1 YEAR Hours <u></u> Min. <u></u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>Gray County, Ky.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Ellen Vaughn</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ellen Vaughn</u>			ADDRESS <u>Parma, Mo.</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, asphyxia, 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* (a) <u>Cardiac Insufficiency</u>				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>old age</u>					
				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				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 <u>7-16, 1956</u> , to <u>3/24, 1956</u> , that I last saw the deceased alive on <u>3/20, 1956</u> , and that death occurred at <u>10:PM</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Dr. Geo. W. Whisted M.D.</u> (Degree or title)				23b. ADDRESS <u>Parma Mo.</u>		23c. DATE SIGNED <u>3/30/56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Mar. 27, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Parma Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Parma Mo.</u>			
DATE REC'D BY LOCAL REG. <u>3/30/56</u>		REGISTRAR'S SIGNATURE <u>Dr. Geo. W. Whisted M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Watkins Funeral Sec.</u>		ADDRESS <u>Parma, Mo.</u>			

DATE RECEIVED APR 6 1956
NEW MADRID CO. HEALTH CENTER



P. J. S.

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 Mark Watkins

Licensed Embalmer No. 4717

P. O. Address Dexter 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.