

FILED MAY 10 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH14282  
State File No.

BIRTH NO.		REG. DIST. NO. <u>290</u>	PRIMARY REG. DIST. NO. <u>4427</u>	Registrar's No. <u>57</u>
1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>		
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Waynesville, Mo</u>		c. LENGTH OF STAY (in this place) <u>10 hrs</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>Waynesville General Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>None.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dannie.</u>		b. (Middle) <u>None.</u>		c. (Last) <u>Vaughn</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>5/3/56</u>		5. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married.</u>		8. DATE OF BIRTH <u>Sept. 21, 1894</u>
9. AGE (In years last birthday) <u>61</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Big Piney, Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Layton Vaughn</u>		13b. MOTHER'S MAIDEN NAME <u>Belle Dye.</u>		14. NAME OF HUSBAND OR WIFE <u>Ethel Belle (Fagg)</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes. c</u>		16. SOCIAL SECURITY NO. <u>World War II</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ethel Belle Vaughn</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>  ANTECEDENT CAUSES DUE TO (b) <u>Contusion of Brain</u>  DUE TO (c) <u>Skull Fracture</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH  <u>8 hours.</u>
19a. DATE OF OPERATION <u>5-4-56</u>		19b. MAJOR FINDINGS OF OPERATION <u>27</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>ACCIDENT</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 26</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Waynesville, MO 284</u>
21d. TIME (Month) (Day) (Year) (Hour) (OF) INJURY <u>MAY 3, 1956 10A.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>2 TRUCK ACCIDENT</u>
22. I hereby certify that I attended the deceased from <u>5-4</u> , 195 <u>6</u> , to <u>5-4-56</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>5-4</u> , 195 <u>6</u> , and that death occurred at <u>6:55</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>John A. Mikalovich D.O.</u>		23b. ADDRESS <u>Crocker, Missouri</u>		23c. DATE SIGNED <u>5/4/56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/4/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Richland, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hedges Funeral Home Richland MO</u>		
DATE REC'D BY LOCAL REG. <u>5-4-56</u>		REGISTRAR'S SIGNATURE <u>Paula Opal Anderson</u>		25. FUNERAL DIRECTOR'S ADDRESS <u>Hedges Funeral Home Richland, Mo</u>

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

Date Filed 5-5-52  
-the Number  
Alaska County Health Officer

RECEIVED 5-4-52

JUN 1 1956

MAY 28 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.....  
Signature of Student Embalmer

Signed Clarence Shoss

Licensed Embalmer No. 489

P. O. Address Waynesville

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.