

FILED MAY 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
318

State File No.

18809

1003

Registrar's No.

4287

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 11 yrs		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Hosp.				e. STREET ADDRESS (If rural, give location) 222 221 So. Jefferson			
3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Cathen c. (Last) Vaughn			4. DATE OF DEATH (Month) (Day) (Year) 4-26-56				
5. SEX female		6. COLOR OR RACE colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 8-15-1910	
9. AGE (In years last birthday) 45		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) stripper		10b. KIND OF BUSINESS OR INDUSTRY Light house blind		11. BIRTHPLACE (City and State or Foreign Country) Forkland, Ala.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Tennie Whitten		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Spalding	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Lillie Mae Spalding 221a So. Jefferson			
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) <i>Tubercle Hemorrhage</i> ANTECEDENT CAUSES 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				20. AUTOPSY? YES <input checked="" 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) 331x			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>1:55 A</i> m., from the causes and on the date stated above.							
23a. SIGNATURE <i>Walter R. Quinn</i>				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 5/1/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 5-3-1956		24c. NAME OF CEMETERY OR CREMATORY Forkland		24d. LOCATION (City, town, or county) (State) Ala.	
DATE REC'D BY LOCAL REG. MAY 1 1956		REGISTRAR'S SIGNATURE <i>Charles Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE Dunn Funeral Home 215 So. Jefferson			

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 *Leroy W. Parnis*.....

Licensed Embalmer No. *4572*

P. O. Address *3880 East*

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.