

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV-30-1956

STATE FILE NUMBER 37424

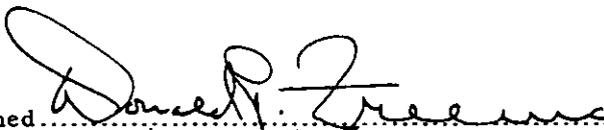
Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 343

1. PLACE OF DEATH a. COUNTY <u>Cole</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, give TOWNSHIP only) OR TOWN <u>Jefferson City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Holts Summit</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Saint Mary's Hosp</u>		Length of stay in 1b <u>two days</u>	d. STREET ADDRESS <u>3 1/2 Mile West</u> (If outside, give location)		Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>GLEND A</u> Middle <u>SUE</u> Last <u>VAUGHT</u>			4. DATE OF DEATH Month <u>Nov</u> Day <u>25th</u> Year <u>1956</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Febr 22 1948</u>	9. AGE (In years last birthday) <u>8</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Child</u>		11. BIRTHPLACE (City and state or country) <u>Jefferson City, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13. FATHER'S NAME <u>Lloyd W. Vaught</u>			14. MOTHER'S MAIDEN NAME <u>Thelma Marie Davis</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Child</u> <u>Child</u>		16. SOCIAL SECURITY NO. <u>Child</u>	17. INFORMANT <u>Lloyd W. Vaught</u> Address <u>Holts Summit, Mo</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Second & third degree Burns of body & Extremities</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b)					
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Dress caught on fire while playing</u>		
20c. TIME OF INJURY Hour <u>11</u> Month <u>11</u> Day <u>24</u> Year <u>56</u> P. M. <u>5</u>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		20f. CITY, TOWN, OR LOCATION <u>Holt Summit Callaway Mo</u>	
21. I attended the deceased from <u>Nov 24</u> to <u>Nov 25</u> and last saw <u>her</u> alive on <u>Nov 25</u> . Death occurred at <u>1:05 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>J. Hanagame MD</u> (Degree or title)			22b. ADDRESS <u>511 E High St</u>		22c. DATE SIGNED <u>11/27/56</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Nov 26th 1956</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Union Hill Church Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Holts Summit, Missouri</u>
24. FUNERAL DIRECTOR <u>Tanner Funeral Home</u> ADDRESS <u>Jefferson City, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>28 Nov 1956</u>		26. REGISTRAR'S SIGNATURE <u>R. G. Davis MD - JR.</u>	

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 
Donald P. Freeman

Licensed Embalmer No....462

P. O. Address Jefferson Ci
Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.