Health, Welfare Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37726
STATE FILE NUMBER

FILED NOV 26 1956

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1048

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN: Springfield — Inside Limits: Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION: St. Johns — Length of stay in Hospital: 6 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Polk
c. CITY OR TOWN: Flemington 0840 — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): South Part Flemington — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Margaret Middle: — Last: Vaughn

4. DATE OF DEATH: Month: November Day: 16 Year: 1956

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** ☒ **DIVORCED** ☐

8. DATE OF BIRTH: Oct. 16, 1870

9. AGE (In years last birthday): 86

IF UNDER 1 YEAR: Months: 1 Days: Hours: Min.: IF UNDER 24 HRS.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housework

11. BIRTHPLACE (City and state or country): Hickory County, Mo.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Elijah Williams

14. MOTHER'S MAIDEN NAME: Ellen Coon

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT Address: Mrs. Noel Stewart, Bolivar, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Pulmonary Edema and Atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs
Shock
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): anemia, secondary
DUE TO (c): Fracture, intertrochanteric, left femur — 6 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 904.0

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☒ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.): Fell down at home resulting in broken hip

20c. TIME OF INJURY: Hour: 7 00 a. m. Month, Day, Year: 11/10/56

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): home

20f. CITY, TOWN, OR LOCATION: Flemington COUNTY: Polk STATE: Mo.

21. I attended the deceased from Nov. 10, 1956, to Nov. 16, 1956 and last saw her alive on Nov. 15, 1956
Death occurred at 7 20 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Ames D. Horton M.D.

22b. ADDRESS: Springfield Mo.

22c. DATE SIGNED: 11/16/56

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 11-16-56

23c. NAME OF CEMETERY OR CREMATORY: Flemington Cemetery

23d. LOCATION (City, town, or county) (State): Flemington, Mo.

24. FUNERAL DIRECTOR ADDRESS: Ennis-Blue, Bolivar, Mo.

25. DATE RECD. BY LOCAL REG.: 11-19-56

26. REGISTRAR'S SIGNATURE: Ruth Williamson

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Marshall C. Blackw

Licensed Embalmer No. 47

P. O. Address Bolivar

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.