

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER
12100

FILED APR 8 - 1957

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 969

Health, & Welfare
Public Health Service
S. 300
v. 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.
Securing the nearest certifier in the specific member required by the law.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN <u>Ollivette</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>University City</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>Bonhomme Restorium</u>			Length of stay in lb <u>6mos.</u>	d. STREET ADDRESS (If outside, give location) <u>7054 Washington</u>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Clay</u> Last <u>Vaughan</u>				4. DATE OF DEATH Month <u>March</u> Day <u>21</u> Year <u>1957</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>May 14, 1877</u>		9. AGE (In years last birthday) <u>79yrs</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Atty. Exec Meyer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Bros Drug Co.</u>		11. BIRTHPLACE (City and state or country) <u>Carthage, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>James B. Vaughan</u>				14. MOTHER'S MAIDEN NAME <u>Ann Eliza Weller</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> <u>None</u>			16. SOCIAL SECURITY NO. <u>494-05-9635</u>		17. INFORMANT Address <u>Mrs. George R. Bradbury 7054 Washington</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>Bran tumor (neuroblastoma)</u>							INTERVAL BETWEEN ONSET AND DEATH <u>10 MO.</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)	
20a. ACCIDENT <input 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.)					
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____								
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE	
21. I attended the deceased from <u>August 1956</u> to <u>Mar. 21, 1957</u> and last saw ^{him} <u>him</u> alive on <u>3-16-57</u> Death occurred at <u>5:45</u> <u>0</u> p m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>John L Horner MD</u>				22b. ADDRESS <u>114 N. Taylor Sedona 8</u>		22c. DATE SIGNED <u>3-22-57</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Entombment</u>		23b. DATE <u>March 23, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Mausoleum</u>			23d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>		
24. FUNERAL DIRECTOR <u>Alexander Sons 475 Delmar</u>			ADDRESS		25. DATE RECD. BY LOCAL REG. <u>3/22/57</u>	26. REGISTRAR'S SIGNATURE <u>Hunter R. Dombey</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 *Jas. E. McCulloch*.....

Licensed Embalmer No. *276*.....

P. O. Address *6175 R. R.*.....

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.