

FILED MAR 20 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011078

STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 45

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1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Waynesville, Mo		c. CITY OR TOWN Plato, Missouri	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Way. Gen. Hosp.		d. STREET ADDRESS (If outside, give location) Rural Rt. #	
3. NAME OF DECEASED (Type or print) First Vera Middle Jean Last Vaughan		4. DATE OF DEATH Month March Day 10 Year 1958	
5. SEX Female	6. COLOR OR RACE White.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 14, 1956
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 16 mos IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____
11. BIRTHPLACE (City and state or country) Houston, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Everett E. Vaughan		13b. MOTHER'S MAIDEN NAME Eula Mae Williams.	
14. NAME OF HUSBAND OR WIFE None.		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.	
16. SOCIAL SECURITY NO. None.		17. INFORMANT Everett Vaughan Address Plato, Mo Rural Rt. #	
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>Blood dyscrasia</u> DUE TO (b) <u>etiology unknown</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 2 mos.
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 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 _____ a.m. _____ p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20e. CITY, TOWN, OR LOCATION Plato, Missouri	20f. COUNTY PLATO STATE MISSOURI		
21. I attended the deceased from <u>March 1, 1958</u> to <u>March 10, 1958</u> and last saw her alive on <u>March 10, 1958</u> Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>H. S. Nichols D.D.</u> (Degree or title)		22b. ADDRESS Waynesville, Missouri	
22c. DATE SIGNED 3-12-58		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 3/12/58		23c. NAME OF CEMETERY OR CREMATORY Palace Cemetery	
23d. LOCATION (City, town, or county) Plato, Missouri		23e. (State) Rural Rt. #	
24. FUNERAL HOME OR ADDRESS Hedges Funeral Home Way, Mo.		25. DATE RECD. BY LOCAL REG. 3-12-58	
26. REGISTRAR'S SIGNATURE <u>Eula Mae Williams</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 Proctor*

Licensed Embalmer No. *4896*
P. O. Address *Myersville, Md.*

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.