

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016570
STATE FILE NUMBER

FILED APR 18 1958

318

1003

Registrar's No. 4029

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Madison	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Fredericktown Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL BARNES HOSPITAL INSTITUTION		Length of stay in lb 3 days	d. STREET ADDRESS (If outside, give location) 114 So. Maple Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First EUDORA Middle ANNA Last VAUGHN			4. DATE OF DEATH Month APRIL Day 8 Year 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 10, 1867		9. AGE (In years) 90 Last birthday Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Tennessee		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Henry Hunter		13b. MOTHER'S MAIDEN NAME Mahilda Jenkins		14. NAME OF HUSBAND OR WIFE Unavailable	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)		16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Ada Lanpher, Fredericktown, Mo. Address		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL VASCULAR ACCIDENT		INTERVAL BETWEEN ONSET AND DEATH 2 HOURS
DUE TO (b) CEREBRAL ARTERIOSCLEROSIS		
DUE TO (c) 331XF		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) INTERTROCHANTERIC FRACTURE OF RIGHT HIP 3 DAYS		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) FELL IN HER HOME WHILE GETTING OUT OF BED	
20c. TIME OF INJURY 8:30 a.m. 4/5/58		

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.) 31 HOME	20f. CITY, TOWN, OR LOCATION FREDERICKTOWN	COUNTY MISSOURI	STATE
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21. I attended the deceased from **APRIL 5, 1958** to **APRIL 8, 1958** and last saw her alive on **APRIL 8, 1958**
Death occurred at **1:55 P.M.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>C. E. Vermillion M.D.</i>	(Degree or title) M.D.	22b. ADDRESS BARNES HOSPITAL	22c. DATE SIGNED 4/9/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 4-8-58	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) (State) Madison Co., Mo.
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24. FUNERAL DIRECTOR Albert H. Hoppe, 4700 Washington Blvd.	ADDRESS	25. DATE RECD. BY LOCAL REG. APR 11 '58	26. REGISTRAR'S SIGNATURE <i>Carl Smith Mo</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

*James H. K...
D...
4/5/58*

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 *Lawrence O. Hedley*

Licensed Embalmer No. *4979*

P. O. Address *St. Louis*

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.