

*Dr. S. J. ...*

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-010342

STATE FILE NUMBER

FILED APR 9 1959 Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY <b>Pemiscot</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pemiscot</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Hayti, Mo</b>		c. CITY OR TOWN <b>Hayti</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Shirey's Clinic</b>		Length of stay in lb <b>1 Hr.</b>	
d. STREET ADDRESS <b>078<sup>th</sup> St</b>		(If outside, give location) <b>Rt. 1 Box 565</b>	
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <b>Clinton</b> Middle <b>Ray</b> Last <b>VAUGHN</b>			4. DATE OF DEATH Month <b>3</b> Day <b>31</b> Year <b>59</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>8-11-1957</b>		9. AGE (In years last birthday) <b>1</b> <b>7</b> <b>20</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Hayti, Missouri</b>		
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>						

13a. FATHER'S NAME <b>John Harley Vaughn</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Jane Anderson</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <input type="checkbox"/> or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <b>*****</b>		17. INFORMANT <b>John Harley Vaughn, Rt. 1, Hayti, Missouri.</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>cause unknown, possibly</b> <b>mercurial poisoning (not poison)</b> <b>slowly + gradually built up over days</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 or 4 days</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>sepsis</b>			DUE TO (c) <b>sepsis - secondary</b>		
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.) <b>536x</b>		
20c. TIME OF INJURY Hour <b>2</b> a.m. Month <b>3</b> Day <b>31</b> Year <b>59</b>					
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 <b>Hayti, Missouri</b>	

21. I attended the deceased from **3-20-59** to **3-31-59** and last saw <sup>her</sup>him alive on **3-31-59**  
Death occurred at **3-31-59 2 P.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Dr. S. J. ...</i>		(Degree or title) <b>M. D.</b>		22b. ADDRESS <b>Hayti, Missouri</b>		22c. DATE SIGNED <b>3-2-59</b>	
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>4-2-59</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Woodlawn Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Hayti, Pemiscot, Missouri</b>	
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24. FUNERAL DIRECTOR <b>John W. German Funeral Home, Hayti, Mo.</b>		ADDRESS		25. DATE RECD. BY LOCAL REG. <b>4-2-59</b>		26. REGISTRAR'S SIGNATURE <i>Valeria Popham</i>	
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

7/1959  
CARTHERSVILLE, MO.

**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 .....

Licensed Embalmer No. 4355.....

P. O. Address Hayti, Missouri..

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.