

FILED SEP 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30006**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023** Registrar's No. **204**

1. PLACE OF DEATH a. COUNTY <b>Henry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Henry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>CLINTON</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Garden city Mo</b>	
c. LENGTH OF STAY (In this place) <b>6 weeks</b>		d. STREET ADDRESS (If rural, give location) <b>Clinton Genl Hosp</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>JENNIE</b> b. (Middle) <b>FLORENCE</b> c. (Last) <b>VAUGHN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>SEPT 20 1949</b>		
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	
8. DATE OF BIRTH <b>Nov 24 1873</b>		9. AGE (In years last birthday) <b>75</b>		10. MONTHS <b>9</b> DAYS <b>26</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Home work</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Uruch mo</b>	
12. CITIZENRY OF WHAT COUNTRY? <b>U.S.A.</b>		13a. OTHER NAME <b>J. Swackhammer</b>		13b. MOTHER'S MAIDEN NAME <b>Harriet Chinton</b>	
14. NAME (of HUSBAND or WIFE) <b>Dr. Jesse Vaughn</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Iva McDonald Uruch</b>		ADDRESS <b>Uruch Mo</b>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Apoplexy</b>		ANTECEDENT CAUSES		<b>6 wks</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		<b>2 yr.</b>	
DUE TO (b) <b>Hypertention</b>		DUE TO (c)		<b>334X</b>	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>NO</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	

22. I hereby certify that I attended the deceased from **8-9**, 19**49**, to **19-20**, 19**49**, that I last saw the deceased alive on **9-20**, 19**49**, and that death occurred at **7 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Hugh B. Walker, MD</b>		23b. ADDRESS <b>Clinton Mo</b>		23c. DATE SIGNED <b>21 Sept 49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9/22/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>White Oak Cem</b>	
24d. LOCATION (City, town, or county) <b>South of Uruch Mo</b>		24e. FUNERAL DIRECTOR'S SIGNATURE <b>J.E. Consolet</b>		ADDRESS <b>Clinton Mo</b>	
DATE REC'D BY LOCAL REG. <b>Sept 22-49</b>		REGISTRAR'S SIGNATURE <b>Florence Adair</b>		25. (Licensed Embalmer's Statement on Reverse Side)	

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7,

District File Number 8-49-1156

Date Filed 9-26-49

OCT 4 1956

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 \_\_\_\_\_  
Student Embalmer

Signed J E Consoles

Licensed Embalmer No. 1891

P. O. Address Clinton Mo

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 this body is not embalmed, fact should be so stated above.