

FILED OCT 19 1949

STANDARD CERTIFICATE OF DEATH 5902 State File No. 34605

BIRTH NO. _____		REG. DIST. NO. <u>267</u>		PRIMARY REG. DIST. NO. 5902		Registrar's No. <u>105</u>			
1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hayti</u> <u>3</u>		c. LENGTH OF STAY (In this place) <u>3</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R. 2 Portageville</u> <u>16</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Public Highway</u>				d. STREET ADDRESS (If rural, give location) <u>Rural Route 2</u> <u>5</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>RUSSELL</u>			b. (Middle) <u>WOODROW</u>		c. (Last) <u>VAUGHN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 5, 1949</u>		
5. SEX <u>Male</u> <u>U</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 23, 1917</u> <u>32</u>		9. AGE (In years last birthday) <u>32</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>		11. BIRTHPLACE (State or foreign country) <u>Pemiscot, Co., Mo.</u> <u>D</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Sidney Vaughn</u>			13b. MOTHER'S MAIDEN NAME <u>Iva Morgan</u>		14. NAME OF HUSBAND OR WIFE <u>Jewell Vaughn</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>		16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jewell Vaughn R. 2 Portageville, Mo.</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Automobile Accident</u>									
ANTECEDENT CAUSES				DUE TO (b) _____					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) _____				<u>58194</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								<u>31</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Public Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Hayti Pemiscot Mo.</u> <u>78</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct. 5, 1949</u> <u>6:11 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Automobile Accident - 70.</u>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>James A. Osburn</u> <u>Coroner 3</u>				23b. ADDRESS <u>Caruthersville, Mo.</u>		23c. DATE SIGNED <u>10-6-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-8-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dry Bayou</u>		24d. LOCATION (City, town, or county) (State) <u>Pemiscot, Co., Mo.</u>				
DATE REC'D BY LOCAL REG. <u>10/10/49</u>		REGISTRAR'S SIGNATURE <u>John W. German</u> <u>406</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>A. L. Smith, Funeral Home Caruthersville, Mo.</u>					

10-49-288

OCT 19 1949

OCT 14 RECD

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

James A. Osburn

Licensed Embalmer No. 4185

P. O. Address Caruthersville, 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.