

Robert Bartlett
FILED MAY 11 1950

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13978

State File No. _____

BIRTH NO. _____ REG. DIST. NO. *272* PRIMARY REG. DIST. NO. *4403* Registrar's No. *15*

1. PLACE OF DEATH a. COUNTY <i>Remond</i>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Remond</i>	
b. CITY OR TOWN <i>Steele</i>		c. CITY OR TOWN <i>Steele</i>	
c. LENGTH OF STAY (in this place) <i>19 yrs</i>		d. STREET ADDRESS (If rural, give location) <i>0</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <i>Eugene</i>	b. (Middle) <i>De Vaughn</i>	c. (Last) <i>De Vaughn</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>4-20-50</i>
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5. SEX <i>M</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>6-19-50</i>	9. AGE (In years last birthday) <i>52</i>	IF UNDER 1 YEAR Months <i>10</i> Days <i>1</i>	IF UNDER 4 HRS. Hours <i></i> Min. <i></i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Prentiss Co Miss</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
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13a. FATHER'S NAME <i>John L. De Vaughn</i>	13b. MOTHER'S MAIDEN NAME <i>Mattie Sisk</i>	14. NAME OF HUSBAND OR WIFE <i>Ester M De Vaughn</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state war or date of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>-</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Ester De Vaughn Steele Mo</i>	ADDRESS <i>Steele Mo</i>
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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, asphyxia, 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) <i>Myocardial Failure</i>		<i>7 days</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Coronary Occlusion</i>		<i>4 days</i>
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<i>4-20-50</i>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from *4/16*, 19*50*, to *4/20*, 19*50*, that I last saw the deceased alive on *4/17*, 19*50*, and that death occurred at *6:15 AM*, from the causes and on the date stated above.

23a. SIGNATURE <i>Robert Bartlett - V.O.D.</i>	23b. ADDRESS <i>Steele, Mo.</i>	23c. DATE SIGNED <i>5/1/50</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>	24b. DATE <i>4-21-50</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Mt Zion</i>	24d. LOCATION (City, town, or county) (State) <i>Steele MO</i>
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DATE REC'D BY LOCAL REG. <i>5-7-50</i>	REGISTRAR'S SIGNATURE <i>S. J. Johnson</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Harman</i>	ADDRESS <i>Walt Co Steele Mo</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5-50-132

Pemiscot County Health Department
MAY 8 REC'D

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 John St Germer

Licensed Embalmer No. 4355

P. O. Address Hayti, 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.