

FILED JUL 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20822

BIRTH NO. _____		REG. DIST. NO. <u>382</u>		PRIMARY REG. DIST. NO. <u>5655</u>		Registrar's No. <u>350</u>			
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).					
a. COUNTY <u>Lawrence</u>		b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Mount Vernon</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u>		d. STREET ADDRESS (If rural, give location) <u>15 Holly Drive</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri State Sanatorium</u>		c. LENGTH OF STAY (in this place) <u>307 days</u>		b. COUNTY <u>Cole</u>		e. STATE <u>Missouri</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)						
a. (First) <u>Henry</u>		b. (Middle) <u>Buford</u>		c. (Last) <u>Vaughn</u>		7 - 6 - 50			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>5-22-90</u>			
9. AGE (In years last birthday) <u>60</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Mo. Pacific RR</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Water Service Foreman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. Pacific RR</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Henry Vaughn</u>			13b. MOTHER'S MAIDEN NAME <u>Julia Bricksey</u>			14. NAME OF HUSBAND OR WIFE <u>Emma 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>702-14-5012</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ruby Ann Wilson</u>		18. ADDRESS <u>State San. Mount Vernon, 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 <u>Abt. 4 Yrs.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u>				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)		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) (Min.)		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 <u>2-26</u> , 19 <u>49</u> , to <u>7-6</u> , 19 <u>50</u> that I last saw the deceased alive on <u>7-6</u> , 19 <u>50</u> , and that death occurred at <u>3:50 Am.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Handwritten Signature</u>				23b. ADDRESS <u>Missouri State San. Mount Vernon, Missouri</u>		23c. DATE SIGNED <u>7-6-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>July 6/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Not known</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>July 7, 1950</u>		REGISTRAR'S SIGNATURE <u>Cecil Handrick</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>George B. Orr</u>		ADDRESS <u>Mount Vernon, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

7-8-50 AUG 7 1950

District Health Officer No. 5,

District File Number 750-781

Date Filed 7-8-50

SEP 19 1950

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 George B. Ows

Licensed Embalmer No. 946

P. O. Address Mr Vernon M

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.