

No. 30
10. 48

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35817

XC-15-1065
Reg.# 88996

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2446

1. PLACE OF DEATH
 a. COUNTY **ST. LOUIS**
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **JEFFERSON BARRACKS, MO.** c. LENGTH OF STAY (in this place) **1 day**
 d. FULL NAME OF HOSPITAL OR INSTITUTION **VETERANS ADMINISTRATION HOSP**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE **MISSOURI** b. COUNTY **BUTLER**
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **POPLAR BLUFF, 0123**
 d. STREET ADDRESS (If rural, give location) **506 E. Davis-c/o Jim Ruble**

3. NAME OF DECEASED
 a. (First) **BERNIE** b. (Middle) **C.** c. (Last) **VAUGHN**

4. DATE OF DEATH (Month) (Day) (Year)
10 10 50

5. SEX **M**

6. COLOR OR RACE **W**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED**

8. DATE OF BIRTH **1-10-26**

9. AGE (In years last birthday) **24**

IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **laborer**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) **HILLARD, MISSOURI**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **JAMES H. VAUGHN**

13b. MOTHER'S MAIDEN NAME **LILLIE TURNER**

14. NAME OF HUSBAND OR WIFE **MARY VAUGHN**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) **YES 11-3-48 to 5-6-49**

16. SOCIAL SECURITY NO. **499227961**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **VA HOSPITAL RECORDS, JEFF. BRKS, MO.**

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **GASTRO INTESTINAL HEMMORHAGE**
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) **PORTAL HYPERTENSION**
 DUE TO (c)
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

444X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

21a. ACCIDENT (Specify) SUICIDE HOMICIDE

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) **VA**

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **10-9-50**, 19____, to **10-10-50**, 19____, and that death occurred at **10:40PM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Henry Shuman M.D.**

23b. ADDRESS **VA HOSPITAL, JEFF. BRKS, MO.**

23c. DATE SIGNED **10-11-50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **removal**

24b. DATE **10-11-1950**

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State) **Poplar Bluff Missouri**

DATE REC'D BY LOCAL REG. **OCT 11 1950**

REGISTRAR'S SIGNATURE **MR. Danke M. D. M.D.**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **ALBERT H. HOPPE, INC. St. Louis, Mo.**

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

SEP 25 1956

OCT 21 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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *J. W. Bentley*
Licensed Embalmer No. 3563

P. O. Address.....

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.