

FILED NOV 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36615

BIRTH NO. _____ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 4186 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN COUNTY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>FRANKLIN</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>SULLIVAN</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>SULLIVAN</u>	
c. LENGTH OF STAY (in this place) <u>6 mos</u>		d. STREET ADDRESS (If rural, give location) <u>DIVISION STREET</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MAY</u>	b. (Middle) <u>SMITH</u>	c. (Last) <u>VAUGHN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 12 1950</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAY 27 1879</u>	9. AGE (In years last birthday) <u>71</u> Months <u>5</u> Days <u>15</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (State or foreign country) <u>JANESVILLE WISC</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>DANIEL P. SMITH</u>	13b. MOTHER'S MAIDEN NAME <u>MARY G SHUMWAY</u>	14. NAME OF HUSBAND OR WIFE <u>ROY F. VAUGHN</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Roy Vaughn</u>	ADDRESS <u>Sullivan, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	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"/>
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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)	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 11-12, 1950, to 11-12, 1950, that I last saw the deceased alive on 11-12, 1950, and that death occurred at 9:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Russell A. Scott</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Bourbon, Missouri</u>	23c. DATE SIGNED <u>11-13-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	24b. DATE <u>11-15-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Val Halla</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11-13-1950</u>	REGISTRAR'S SIGNATURE <u>C.A. Dractar</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. E. Carter</u>	ADDRESS <u>Sullivan, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

File No. _____
DISTRICT HEALTH OFFICE No. 4

NOV 20 1950

RECEIVED

DEC 8 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 *Edgar W. Laffoon*
Licensed Embalmer No. *3394*

P. O. Address *Sullivan 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.