

FILED NOV 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37921

State File No. _____
Registrar's No. 35

BIRTH NO. _____ REG. DIST. NO. 264 PRIMARY REG. DIST. NO. 5885

0770

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

1. PLACE OF DEATH a. COUNTY Ozark		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Ozark	
b. CITY OR TOWN Almartha, R, Barronfork		c. CITY OR TOWN Almartha, Rural, Barronfork	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) Sarah	b. (Middle) Gardner	c. (Last) Vaughn	4. DATE OF DEATH (Month) (Day) (Year) 10-24-50
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 12-19-69	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HR. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) Rockbridge, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Ales Plaster	13b. MOTHER'S MAIDEN NAME Elizabeth Halaway	14. NAME OF HUSBAND OR WIFE Jim Vaughn
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) N	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Shella Gaudes Souder, Mo	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Typhoid		INTERVAL BETWEEN ONSET AND DEATH 4 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Breast		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 170X			

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)	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 _____ to 10-22, 1950, that I last saw the deceased alive on 10-22, 1950, and that death occurred at 6:10 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M.C. Henry M.D.	23b. ADDRESS Ava, Mo.	23c. DATE SIGNED 10-27-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-26-50	24c. NAME OF CEMETERY OR CREMATORY Souder	24d. LOCATION (City, town, or county) (State) Souder, Missouri
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DATE REC'D BY LOCAL REG. 11-10-50	REGISTRAR'S SIGNATURE William Cogwell	25. FUNERAL DIRECTOR'S SIGNATURE 405 Clinkingbeard Funeral Home, Ava, Mo.	ADDRESS
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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED NOV 14 1950

Dist. File 1150-2302

Date Filed 11-27-50

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 Charles R. Fish

Licensed Embalmer No. 4662

P. O. Address Ava, 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.