

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 30 1950

State File No. 41749

BIRTH NO. 2716-50 REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 162

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> <u>2229</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rolla</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>607 E. 7th. Street</u>		d. STREET ADDRESS (If rural, give location) <u>2025 Rutger</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Delpha</u>	b. (Middle) <u>Jane</u>	c. (Last) <u>Vaughn</u>	(Month) <u>December</u>	(Day) <u>17</u>	(Year) <u>1950</u>

5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>January 9, 1950</u>	9. AGE (In years last birthday) <u>0</u>	10 UNDER 1 YEAR <u>11</u>	11 UNDER 1 MRS. <u>8</u>
----------------------	-------------------------------	--	---	--	---------------------------	--------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Vienna, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
--	---	---	--

13a. FATHER'S NAME <u>Lee Vaughn</u>	13b. MOTHER'S MAIDEN NAME <u>Dessie Dean Quick</u>	14. NAME OF HUSBAND OR WIFE
--------------------------------------	--	-----------------------------

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>Lee Vaughn, 2025 Rutger St., St. Louis, Mo.</u>	ADDRESS
---	-------------------------------------	--	---------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>49 3X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumococcus Pneumonia</u>		
	ANTECEDENT CAUSES Morbid 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"/>
------------------------	----------------------------------	---

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 12-17, 1950, to 12-17, 1950, that I last saw the deceased alive on 12-17-50 1950, and that death occurred at 11:00P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A. H. Davis M.D.</u>	23b. ADDRESS <u>Ramsey Bldg. Rolla Mo.</u>	23c. DATE SIGNED <u>12-18-50</u>
--	--	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>December 19, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Asher Centery</u>	24d. LOCATION (City, town, or county) (State) <u>Phelps County, Missouri</u>
---	------------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>12-18-50</u>	REGISTRAR'S SIGNATURE <u>Nadine L. Steen</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Hallow</u>	ADDRESS <u>1100 Elm Street, Rolla, Missouri.</u>
--	--	--	--

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

Philippe County Registrar
County File Number:
Date Filed 12/28/50

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.....

Jerry D. Doane

Student Embalmer No. 382

working under my personal supervision

Student Jerry D. Doane
Student Embalmer

Signed J. H. Holloway

Licensed Embalmer No. 3643

P. O. Address P.O. Box 465, Rolla, Miss

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.