

S. No. 300
V. 10.48

APR 21 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12124

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5126 Registrar's No. 397

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Faucett		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Faucett	
c. LENGTH OF STAY (In this place) 9 years		d. STREET ADDRESS (If rural, give location) General Delivery	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home			

3. NAME OF DECEASED (Type or Print)	a. (First) LAURA	b. (Middle) EDITH	c. (Last) VAUGHN	4. DATE OF DEATH	(Month) 4	(Day) 12	(Year) 1952
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9-13-1874	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Andrew County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Phillip Burns	13b. MOTHER'S MAIDEN NAME Isabelle Simmons	14. NAME OF HUSBAND OR WIFE William Vaughn
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, no. or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS William Vaughn, Faucett, 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Pericarditis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 weeks</i> <i>5 yrs.</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <i>Anteroseptal heart disease</i> 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)	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 3-20-1952 to 4-12-1952 that I last saw the deceased alive on 4-11-1952, and that death occurred at 8:00A m., from the causes and on the date stated above.

23a. SIGNATURE <i>J. S. Scarborough</i> (Degree or title) M.D.	23b. ADDRESS <i>St. Joseph, Mo.</i>	23c. DATE SIGNED <i>4-2-52</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-14-1952	24c. NAME OF CEMETERY OR CREMATORY Savannah Cemetery
24d. LOCATION (City, town, or county) Savannah, Missouri		(State)

DATE REC'D BY LOCAL REG. April 15, 1952	REGISTRAR'S SIGNATURE <i>Carl C. Cook</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>John A. ...</i> ADDRESS St. Joseph, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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 Alvin C Bazar

Licensed Embalmer No. 4995

P. O. Address St Joseph 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.