

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21687

State File No.

FILED JUL 9 1952 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 204

940
2

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

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>RURAL St. Francois</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Portageville, Missouri 1721</u>	
c. LENGTH OF STAY (In this place) <u>7Y, 3M, 19D</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Missouri State Hospital No. 4</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LLOYD</u>	b. (Middle) <u>M.</u>	c. (Last) <u>VAUGHN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 20, 1952</u>
--	-----------------------	-------------------------	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>June 28, 1907</u>	9. AGE (In years last birthday) <u>44</u>	10. UNDER 1 YEAR Months <u>11</u> Days <u>22</u>	11. UNDER 12 HRS. Hours <u></u> Min. <u></u>
--------------------	-------------------------------	---	--	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dry cleaner</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
---	-----------------------------------	--	---

13a. FATHER'S NAME <u>Charles Vaughn</u>	13b. MOTHER'S MAIDEN NAME <u>Mabel Meatte</u>	14. NAME OF HUSBAND OR WIFE <u>Sarah Vaughn</u>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Records State Hospital No. 4, Farmington, Mo.</u>	ADDRESS
---	---	---	---------

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.	18. CAUSE OF DEATH MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar pneumonia, right lower - - -</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Psychosis with syphilitic meningoencephalitis (general paresis) Conditions contributing to the death but not related to the disease or condition causing death.		Sev. years	

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) (m.)	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 April 8, 1946, to June 20, 1952, that I last saw the deceased alive on June 20, 1952, and that death occurred at 9:10 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John C. Brennan M.D.</u>	23b. ADDRESS <u>State Hospital No. 4, Farmington, Missouri</u>	23c. DATE SIGNED <u>6-27-1952</u>
---	---	--------------------------------------

24a. BURIAL CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>6-24-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wash. & Med. School St. Louis Mo</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>
--	-------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>June 27, 1952</u>	REGISTRAR'S SIGNATURE <u>Ethelred Rudloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Cozean Funeral Home, Farmington, Mo.</u>	ADDRESS
--	--	---	---------

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.....

(Not embalmed)

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed

M. W. Rhoades

Licensed Embalmer No.

P. O. Address *4580 Scott*

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.