

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44393

State File No.

BIRTH NO. FILED FEB 5 1953 REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 43

013

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

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Adair</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Nacon</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Frippville</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Atlanta</u> | |
| c. LENGTH OF STAY (in this place) | | d. STREET ADDRESS (If rural, give location) <u>1</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Laughlin Hospital</u> | | | |

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|---|---------------------------|---|---|---|-----------------------------|-----------------------------|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Carrie O.</u> b. (Middle) <u>Vaughan</u> c. (Last) | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>11/22/52</u> | | | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u> | 8. DATE OF BIRTH <u>8/25/87</u> | 9. AGE (in years last birthday) <u>65</u> | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |

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|---|--|-----------------------------------|---|---|--|--|--|
| 10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Wright City, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Lewis E. Schultz</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Sophia Schuman</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Richard Vaughan</u> | |

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|--|--|-------------------------|--|---|--|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Merle Jones</u> ADDRESS <u>Nacon, 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia</u> ANTECEDENT CAUSES DUE TO (b) <u>Transverse myelitis</u> DUE TO (c) <u>Metastatic Carcinoma of meninges of spinal cord</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u> <u>Sept 7, 52</u> <u>?</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input checked="" 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) | |
| 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 9/8, 1952 to 11/22, 1952, that I last saw the deceased alive on 11/22, 1952 and that death occurred at 5:30 P. m., from the causes and on the date stated above.

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|---|--|--------------------------------------|--|---------------------------------|--|
| 23a. SIGNATURE <u>Edna Cline</u> (Degree or title) <u>Do.</u> | | 23b. ADDRESS <u>Festerville, Mo.</u> | | 23c. DATE SIGNED <u>1/29/53</u> | |
|---|--|--------------------------------------|--|---------------------------------|--|

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| 24a. BURIAL CREMATION (REMOVAL) (Specify) <u>4</u> | | 24b. DATE <u>11/25/52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Wright City Cem.</u> | | 24d. LOCATION (City, town, or county) (State) <u>Wright City, Mo.</u> | |
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| DATE REC'D BY LOCAL REG. <u>2-1-53</u> | | REGISTRAR'S SIGNATURE <u>Kate Lambert 1-1</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>H M Gooding</u> ADDRESS <u>Atlanta Mo.</u> | |
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complete

MAR 17 1953

FEB 6 1953

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 _____

Licensed Embalmer No. 1750

P. O. Address Atlanta, Ga.

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.