

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29624**

FILED SEP 15 1953

BIRTH NO. _____ REG. DIST. NO. **290** PRIMARY REG. DIST. NO. **5985** Registrar's No. **102**

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buttler	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Waynesville Piarol		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fisk 0120	
c. LENGTH OF STAY (In this place) 1 1/2 years		d. STREET ADDRESS (If rural, give location) None	
d. FULL NAME OF HOSPITAL OR INSTITUTION USA Hosp, Ft Leonard Wood, Mo			

3. NAME OF DECEASED (Type or Print) a. (First) VIRGIL b. (Middle) ALVA c. (Last) VAUGHN			4. DATE OF DEATH (Month) (Day) (Year) Sep 10 1953		
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 8 Aug 1918		9. AGE (In years last birthday) 35		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soldier		10b. KIND OF BUSINESS OR INDUSTRY US Army		11. BIRTHPLACE (State or foreign country) Warner, Oklahoma	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Lawrence E. Vaughn		13b. MOTHER'S MAIDEN NAME Arvilla Bell (Unknown)		14. NAME OF HUSBAND OR WIFE Clessie Mae Vaughn	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes May 1946 to date		16. SOCIAL SECURITY NO. 496-20-5688		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS L. K. White, Capt, MSC US Army Hospital Ft. Leonard Wood, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Crushing of skull and facial bones		INTERVAL BETWEEN ONSET AND DEATH Immediate	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)			
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. 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 Fracture upper cervical vertebrae. Crushing injuries to right thorax.			

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 (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 66		21c. (CITY, TOWN, OR TOWNSHIP) Waynesville (COUNTY) Pulaski (STATE) Missouri	
21d. TIME OF INJURY Sep 10 1953 10:10		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? (Car) Automobile accident	

22. I hereby certify that ~~the~~ ^{examined} the deceased ~~was~~ ^{on} arrival ~~at~~ ^{xx at} **11:10 PM**, ~~that I~~ ^{never} saw the deceased alive on **10 Sep**, 1953, and that death occurred at **10:10 P m.**, from the causes and on the date stated above.

23a. SIGNATURE Daniel E. Stephens MD. (Degree or title)		23b. ADDRESS US Army Hospital Fort Leonard Wood, Missouri		23c. DATE SIGNED 11 Sep 53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Sept 12 53		24c. NAME OF CEMETERY OR CREMATORY Fisk Cemetery	
24d. LOCATION (City, town, or county) (State) Fisk Missouri					

DATE REC'D BY LOCAL REG. 9-12-53		REGISTRAR'S SIGNATURE Paula E. Anderson		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Walter P. Hedges FISK'S FUNERAL HOMES INC CROCKER	
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(Licensed Embalmer's Statement on Reverse Side)

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

850
0

MO

5561 OCT 1 1953

SEP 23 1953

RECEIVED 9-15-53
Missouri County Health Officer
File Number 9-15-53
Date Filed 9-15-53

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

Clarence E. Moss

CLARENCE E. MOSS

Licensed Embalmer No. 4896

P. O. Address Waynesville, Missouri

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.