

FILED JUN 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16065**

BIRTH NO. 1 REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 4330 Registrar's No. 0670

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> <u>Mississippi</u>	
b. CITY OR TOWN <u>East Prairie</u>	c. LENGTH OF STAY (in this place) <u>63 yrs</u>	c. CITY OR TOWN <u>East Prairie</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence 308 N. Lincoln</u>		f. STREET ADDRESS (If rural, give location) <u>0670</u>	

3. NAME OF DECEASED (Type or Print) <u>MILLIE ANN VAUGHN</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>June 5, 1955</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>Wh.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 23, 1873</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 2 HRS. Hours	IF UNDER 2 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of your lifetime, even if retired) <u>Domestic</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>	11. BIRTHPLACE (City & State of Foreign Country) <u>Marion, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Sweet</u>	13b. MOTHER'S MAIDEN NAME <u>Margarete Swon</u>	14. NAME OF HUSBAND OR WIFE <u>William Lee Vaughn</u>
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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>William Lee Vaughn</u>	17. ADDRESS <u>East Prairie</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Degeneration</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>none</u> DUE TO (c) <u>—</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>		INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>East Prairie Mo. 6/8/55</u>
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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?
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22. I hereby certify that I attended the deceased from June 1st, 1955, to June 5th, 1955, that I last saw the deceased alive on June 2nd, 1955, and that death occurred at — m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A. E. Martin M.D.</u>	23b. ADDRESS <u>East Prairie Mo.</u>	23c. DATE SIGNED <u>6/8/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-9-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>W. W. Chapman</u>	24d. LOCATION (City, town, or county) (State) <u>East Prairie Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6-8-55</u>	REGISTRAR'S SIGNATURE <u>Ed. H. Felt-Deput</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Carroll Shelby</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 10 1955

NOV 9 1959

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.....
Signature of Student Embalmer

Signed *Travis Shelby*.....
Licensed Embalmer No. *27*.....

P. O. Address *East Prussia*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.