

FILED JAN 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1206

State File No.

BIRTH NO. _____ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 4221 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>HOLT</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>HOLT</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>MOUND CITY</u>		c. LENGTH OF STAY (In this place) <u>2 1/2</u> days		c. CITY (If outside corporate limits, write RURAL and give township) <u>MOUND CITY</u>		0440	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>				d. STREET ADDRESS (If rural, give location) <u>NONE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EMERY</u> b. (Middle) <u>WILLIAM</u> c. (Last) <u>VAUGHT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-8-1956</u>				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>1-8-1956</u>	
9. AGE (In years last birthday) <u>29</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AGRICULTURE</u>		11. BIRTHPLACE (State or foreign country) <u>GRAYSON CO. VIRGINIA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>GEO. VAUGHT</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZA DUTTON</u>		14. NAME OF HUSBAND OR WIFE <u>MARY JANE VAUGHT (DEC)</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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Virginia C. Combs, MOUND CITY, MO</u>			
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>Congestive Heart Failure</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 da</u> ANTECEDENT CAUSES Morbidity 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 Conditions contributing to the death but not related to the disease or condition causing death. <u>4341</u>			
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 <u>Jan 5</u> , 19 <u>56</u> , to <u>Jan 8</u> , 19 <u>56</u> that I last saw the deceased alive on <u>1-8</u> , 19 <u>56</u> and that death occurred at <u>2 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>D. Perry, M.D.</u>				23b. ADDRESS <u>MOUND CITY, MO</u>		23c. DATE SIGNED <u>1-9-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-10-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ENGLISH CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>FAIRFAX MISSOURI.</u>	
DATE REC'D BY LOCAL REG. <u>1-10-1956</u>		REGISTRAR'S SIGNATURE <u>James Crawford</u>		469		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Bertram Moring Rockport, Mo</u>	

(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 Grady Bartholomew

Licensed Embalmer No. 2173

P. O. Address Rock Port. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.