

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3432**

FILED JAN 25 1956

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **92**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Robertson, Missouri		c. LENGTH OF STAY (in this place) 10 mos.	c. CITY OR TOWN 4000 Robertson
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Sarah Francis Nursing Home		e. STREET ADDRESS (If rural, give location) Rt. 3 Box 182, Fee Fee Road	
3. NAME OF DECEASED (Type or Print) a. (First) CLARENCE b. (Middle) T. c. (Last) VAUGHN			4. DATE OF DEATH (Month) (Day) (Year) Jan. 8, 1956
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 9, 1878
9. AGE (In years last birthday) 77	10. MONTHS --	11. DAYS 11	12. IF UNDER 18 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY R. R. Mail Clerk	11. BIRTHPLACE (City and State or Foreign Country) Columbus, Kentucky
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Tobe Vaughn	
13b. MOTHER'S MAIDEN NAME Sally Sublette		14. NAME OF HUSBAND OR WIFE Katie Vaughn	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 497-20-1436A	
17. INFORMANT'S SIGNATURE OR NAME Vivian Scott		ADDRESS 6246 S. Parkway Chicago, Illinois	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-Respiratory Disease		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		3 months
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____ DUE TO (c) _____		
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION none		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 442X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from **March, 1955**, to **Jan 8, 1956**, that I last saw the deceased alive on **Jan 8, 1956**, and that death occurred at **3:10 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Lidzie S. Alexander MD	23b. ADDRESS 826 N. Channing St. St. Louis	23c. DATE SIGNED 1-11-56
24a. BURIAL CREMATION REMOVAL (Specify) Removal	24b. DATE 1/12/1956	24c. NAME OF CEMETERY OR CREMATORY Local
24d. LOCATION (City, town, or county) (State) Carbondale, Illinois	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Charles J. Gates 4107 Finney	
DATE REC'D BY LOCAL REG. 1-12-56		REGISTRAR'S SIGNATURE Hubert R. Ponder

(Licensee's Statement on Reverse Side)

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

JAN 30 1958

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 *Arthur L. Heald*

Licensed Embalmer No. 4221

P. O. Address 4107 Finney

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.