

THE DIVISION OF HEALTH OF MISSOURI  
FILED SEP 18 1956 STANDARD CERTIFICATE OF DEATH

State File No. **31224**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 155

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lebanon</u>		c. CITY OR TOWN <u>Lebanon</u>	
c. LENGTH OF STAY (in this place) <u>155 days</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Wallace Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>Rt # 1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary Lissie</u> b. (Middle) <u>Dampier</u> c. (Last) <u>Dampier</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 7, 1956</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Mar. 3, 1910</u>
9. AGE (In years) <u>46</u>		10. IF UNDER 1 YEAR last birthday Months <u>6</u> Days <u>4</u>	
10a. USUAL OCCUPATION (Give kind of work he during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (City and State or Foreign Country) <u>Hawkins Co. Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Andrew H. Vaughn</u>		13b. MOTHER'S MAIDEN NAME <u>Daniels Troy Dampier</u>	
14. NAME OF HUSBAND OR WIFE _____		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 <u>Troy Dampier</u> ADDRESS <u>Lebanon, 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, arteria, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of cervix</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u>  ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		171X	
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) _____	
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>April, 1956</u> , to <u>9-7, 1956</u> , that I last saw the deceased alive on <u>9-7, 1956</u> , and that death occurred at <u>4:40 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>B B Hurst, MD.</u> (Degree or title) _____		23b. ADDRESS <u>Lebanon, Mo.</u>	
23c. DATE SIGNED <u>9-10-56</u>		23d. _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/9/56</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Bolles Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Near Lebanon Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-10-1956</u>		REGISTRAR'S SIGNATURE <u>Hella L. Gray Holman</u>	
25. FUNERAL DIRECTOR'S SIGNATURE _____		ADDRESS _____	

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

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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 *Dorsey M. Howe*.....

Licensed Embalmer No. *422*.....

P. O. Address *Lebanon*.....

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.