

Health, Welfare and Public Service  
 1-300  
 1-56  
 All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

FILED JUL 1 1957

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

20284

STATE FILE NUMBER

Registration District No. 389 Primary Registration District No. 5773 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <b>Callaway</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Callaway</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Holts Summit</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>Holts Summit</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Three Miles Northeast</b>		Length of stay in 1b <b>50 years</b>		d. STREET ADDRESS (If outside, give location) <b>Three Miles Northeast</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>BARBARA</b> Middle <b>ANN</b> Last <b>VAUGHT</b>				4. DATE OF DEATH Month <b>June</b> Day <b>25th</b> Year <b>'57</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>March 13th '65</b>	9. AGE (In years last birthday) <b>92</b>	IF UNDER 1 YEAR Months <b>3</b> Days <b>12</b>	IF UNDER 24 HRS. Hours <b>-</b> Min. <b>-</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (City and state or country) <b>Tamey County, Iowa</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Abraham Trader</b>				14. MOTHER'S MAIDEN NAME <b>Rebecca Carter</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT Address <b>Roy Vaught, Holts Summit, Missouri</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Valvular Heart Disease</b>						INTERVAL BETWEEN ONSET AND DEATH <b>6 1/2 hours</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>4214</b>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY. Hour <b>-</b> Month <b>-</b> Day <b>-</b> Year <b>-</b> a. m. <b>-</b> p. m. <b>-</b>							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Holts Summit</b>		COUNTY <b>Callaway</b> STATE <b>Missouri</b>	
21. I attended the deceased from <b>Mar 3 - 57</b> to <b>ET June 25 - 57</b> and last saw her/him alive on <b>June 20 - 1957</b> Death occurred at <b>-</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>E. M. De Rusk M.D.</b>				22b. ADDRESS <b>New Bloomfield Mo</b>		22c. DATE SIGNED <b>6/29 57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>June 26th '57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Union Hill Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Holts Summit, Missouri</b>		
24. FUNERAL DIRECTOR ADDRESS <b>Tanner Service Jefferson City, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>6/29/57</b>		26. REGISTRAR'S SIGNATURE <b>LeRoy Cleppool</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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   
Donald P. Freeman  
Licensed Embalmer No. .... 46  
Jefferson City,  
P. O. Address Missouri.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.