44 MANA 19 16					OFINO.
DNOV 12 19	<del>/5</del> 2	STANDARD CERTI	FICATE OF DEATH	State File No	
BIRTH NO		_ REG. DIST. NO 2 2 4	_ PRIMARY REG. DIST. NO.	4323 Kegistrar's No	<u> 73</u>
I. PLACE OF DEA	ATH		HI LIGHTAL DECIDENCE	47/h	de el de
a. COUNTY Mon	<u>iteau Co</u>	·····	a. STATE Missouri	b. COUNTY MO	<u>niteau</u>
b. CITY (Il outside co		(URAL and give c. LENGTH O	or OR	imite, write RURAL and give town	whip) tib
TOWNClark	<u>sburg, Mo</u>	o Moreau 25 Vrs	_ Clarks		<u>oreau</u>
d. FULL NAME OF ( HOSPITAL OR	If not in bospital or in	natitution, give street address or location	d. STREET (II m	iral, give location)	
INSTITUTION	Clarksbi	ure. Mo Gen Del b. (Middle)	Gen Del		<u>/(U</u>
J. NAME OF DECEASED	- •- •			4. DATE (Mouth) OF DEATH NOV 7	(Day) (Y
(Type or Print)  5. SEX   6.	Permelia color or race	a Jane 17. married, never married,	Douglas	9, AGE (In years) # UNDER	1952
<b>\</b>	White	WIDOWED, DIVORCED (Brodle)		last birthday) Mosthe	Days Hours
10a. USUAL OCCUPATION		10b, KIND OF BUSINESS OR IN	- noting	State or Foreign Coeptry)	12. CITIZENO
done during most of works House Wi	ing life, even if retired)	Own Home	Y	()	COUNTRY?
3a. FATHER'S NAME		136. MOTHER'S MAIDE	Missouri IN NAME 14.	NAME OF HUSBAND OR WIF	
James W.	Vaughon	Littie A.	Birdsong	Deceased	
5. WAS DECEASED EVE	R IN U.S. ARMED	FORCES?   16. SOCIAL SECURITY	Y 17. INFORMANT'S SI		ADDR
(If	i yes, give war or dates	od service) NOTE	Jenn. Brown	WIII Blair	בי שוו
the mode of dying, such	Morbid conditions	a, if any, giring DUE TO (6)			
as heart fallure, asthenia, ctc. It means the dis-	rise to the above of the underlying can	s, if any, giving DUE TO (b) unuse (a) stating use last.	4.	<i>J</i>	
		wise (a) stating use last.  DUE TO (c)  FICANT CONDITIONS		<i>J</i> •	
cte. It means the dis- case, injury, or complica-	II. OTHER SIGNII	DUE TO (c) FICANT CONDITIONS buting to the death but not		<u> </u>	
de. It means the dis- cess, injury, or complica- tion which caused death.	II. OTHER SIGNII Conditions contril related to the discu	FICANT CONDITIONS		J	20. AUTOPS
cte. It weams the dis- case, injury, or compilea- tion which caused death.	II. OTHER SIGNII Conditions contril related to the discu	DUE TO (c) FICANT CONDITIONS buting to the death but not use or condition cousing death.		7 .	YES 🗆
cte. It means the dis- case, injury, or complica- tion which caused death.  19a. DATE OF OPERA- TION	II. OTHER SIGNII Conditions contril related to the disea	DUE TO (c) FICANT CONDITIONS buting to the death but not use or condition cousing death.			YES 🗆
cie. It means the dis- case, injury, or complica- tion which caused death.  19a. DATE OF OPERA- TION  21a. ACCIDENT SUICIDE HOMICIDE  21d. TIME Weenth	II. OTHER SIGNI Conditions contrib related to the dises  19b. MAJOR FINI (Rectiv)	DUE TO (c) FICANT CONDITIONS butting to the death but not use or condition counting death.  DINGS OF OPERATION	" lacket	SHIP (COUNTY)	
cie. It means the dis- case, injury, or complica- tion which caused death.  19a. DATE OF OPERA- TION  21a. ACCIDENT SUICIDE HOMICIDE	II. OTHER SIGNI Conditions contrib related to the dises  19b. MAJOR FINI (Rectiv)	DUE TO (c) FICANT CONDITIONS butting to the death but not use or condition counting death.  DINGS OF OPERATION  21b. PLACE OF INJURY (e.g., in or abort home, farm, factory, extrast, office bidg., see	" lacket	SHIP (COUNTY)	YES 🗆
cte. It means the dis- case, injury, or complica- tion which caused death.  19a. DATE OF OPERA- TION  21a. ACCIDENT SUICIDE UICIDE OF INJURY  Limits OF INJURY	II. OTHER SIGNII Conditions contril related to the disea 19b. MAJOR FINI (Reactly) (Dar) (Year) (	DUE TO (c) FICANT CONDITIONS buting to the death but not use or condition cousing death.  DINGS OF OPERATION  21b. PLACE OF INJURY (e.g., in or about beams, farm, factory, street, office bidg., one  (Hour)  21c. INJURY OCCURRED WHILE AT MOT WHILE WORK  AT WORK	211. HOW DID INJURY OCCU	SHIP (COUNTY)	YES CATATI
cie. It means the discussion which caused death.  19a. DATE OF OPERATION  21a. ACCIDENT SUICIDE HOMICIDE  21d. TIME UManta)  OF INJURY  22. I hereby cartify alive on Suicide Control of Co	II. OTHER SIGNII Conditions contril related to the disca 19b. MAJOR FINI (Roccity) (Dar) (Year) (	DUE TO (c)  FICANT CONDITIONS buting to the death but not use or condition cousing death.  DINGS OF OPERATION  A CONTROL OF THE CONTROL  21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., see  (Hour)  21e. INJURY OCCURRED  WHILE AT THE NOT WHILE THE	211. HOW DID INJURY OCCU  21940, to MAI.  19750Am., from the car	SHIP) (COUNTY)	est saw the ded above.
cie. It means the discussion which caused death.  19a. DATE OF OPERATION  21a. ACCIDENT SUICIDE HOMICIDE  21d. TIME (Manch) OF INJURY  22. I hereby cartify	II. OTHER SIGNII Conditions contril related to the disca 19b. MAJOR FINI (Roccity) (Dar) (Year) (	DUE TO (c)  FICANT CONDITIONS buting to the death but not use or condition couring death.  DINGS OF OPERATION  21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., one  WHILE AT NOT WHILE IN WORK  The deceased from	211. HOW DID INJURY OCCU  21940 to MAT.  19750A m., from the cau	SHIP) (COUNTY)	STAT
te. It means the discuss, injury, or complica- tion which caused death.  19a. DATE OF OPERA- TION  21a. ACCIDENT SUICIDE HOMICIDE  21d. TIME OF INJURY  22. I hereby certify aline on	II. OTHER SIGNII Conditions contrib related to the dises  19b. MAJOR FINI (Bpacity)  (Day) (Year)  (I)Ot I attended to 19b. 19b.	DUE TO (c)  FICANT CONDITIONS  butting to the death but not use or condition cousing death.  DINGS OF OPERATION  21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., see WHILE AT WORK  12b. PLACE OF INJURY OCCURRED WHILE AT SOT WHILE AT WORK  12c. INJURY OCCURRED WHILE AT WORK  12c. INJU	211. HOW DID INJURY OCCU  219/O Io USU.  19/50 m., from the east  23b. As PESS	COUNTY)  (COUNTY)  (R)  (R)  (R)  (R)  (R)  (R)  (R)  (	est saw the de dabove.
cie. It means the dis- case, injury, or complica- tion which caused death.  19a. DATE OF OPERA- TION  21a. ACCIDENT SUICIDE HOMICIDE  21d. TIME (Masch) OF INJURY  22. I hereby cartify: alive on	II. OTHER SIGNII Conditions contril related to the disease 19b. MAJOR FINI (Reactly) (Day) (Year) ( 1) (At 1 attended t 1, 19.5	DUE TO (c)  FICANT CONDITIONS  buting to the death but not  see or condition cousing death.  DINGS OF OPERATION  21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., see  WHELE AT NOT WHILE THE WORK  The deceased from  2, and that death occupied a	211. HOW DID INJURY OCCU  219/O Io USU.  19/50 m., from the east  23b. As PESS	SHIP) (COUNTY)	st saw the de d above.
cte. It means the discuss, injury, or complica- tion which caused death.  19a. DATE OF OPERA- TION  21a. ACCIDENT SUICIDE HOMICIDE  21d. TIME (Masch) OF INJURY  22. I hereby cartify alive on  23a. SIGNATURE  24a. BURIAL CREMATION, REMOVAL (Species) Ring 2	II. OTHER SIGNII Conditions contril related to the disease 19b. MAJOR FINI (Boscily) (Day) (Year) ( 1)(At I atlended t 1, 18_5 1, 18_5 1, 14_5	DUE TO (c)  FICANT CONDITIONS  buting to the death but not use or condition couring death.  DINGS OF OPERATION  21b. PLACE OF INJURY (e.g., in or about hearts, farm, factory, street, office bidg., one where the deceased from the deceased from the deceased from (Degree or title)  21c. NAME OF CEMETICS AND COURSE OF COMETICS OF CO	211. HOW DID INJURY OCCU  211. HOW DID INJURY OCCU  19/50A m., from the cau  23b. Apress  ERY OR CREMATORY 24d. L	RI (COUNTY)  RI (C	st saw the de above.  23c. DATE 5  23c. DATE 5  23c. DATE 5
cte. It means the discuss, injury, or complica- tion which caused death.  19a. DATE OF OPERA- TION  21a. ACCIDENT SUICIDE SUICIDE HOMICIDE  21d. TIME (Masch) OF INJURY  22. I hereby cartify alive on SU  23a. SIGNATURE  24a. SURVAL. CREMATION, REMOVAL CREMATION, REMOVAL CREMATION,	II. OTHER SIGNII Conditions contrib related to the dises 19b. MAJOR FINI (Descity)  (Dar) (Year)  (I) (At 1 attended t  19b. DATE 1 24b. DATE 1 7 /L /57	DUE TO (c)  FICANT CONDITIONS  buting to the death but not use or condition country death.  DINGS OF OPERATION  21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., see where, and work at work at work at work at work at work and that death occurred at (Degree or title)  24c. NAME OF CEMETIC	211. HOW DID INJURY OCCU  211. HOW DID INJURY OCCU  219. HO MAIL  19. 10 Mail  23b. April 255  ERY OR CREMATORY 246. L	RI (COUNTY)  RI (C	st saw the de d above.

## 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 Re					
orking under my personal supervision.	•					
. 3	0 8 - 2.					

Licensed Embalmer No. 2126

P. O. Address California & You

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