

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009318
STATE FILE NUMBER

FILED MAR 20 1958

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 77

300
-57

3

1. PLACE OF DEATH a. COUNTY <u>Cole</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Jefferson City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>		Length of stay in 1b	d. STREET ADDRESS <u>216 E. Atchison</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>Troyman Cordell Vaught</u>			4. DATE OF DEATH Month <u>March</u> Day <u>16</u> Year <u>1958</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>August 6, 1914</u>		9. AGE (In years last birthday) <u>43</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver for Western Hatcher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hatcher</u>	11. BIRTHPLACE (City and state or country) <u>Lopus, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>William Vaught</u>		13b. MOTHER'S MAIDEN NAME <u>Grace Birdsong</u>		14. NAME OF HUSBAND OR WIFE <u>Ollie Thomson Vaught</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>487-22-0550</u>		17. INFORMANT Address <u>Mrs. Ollie Vaught 216 E. Atchison J. C. Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Crushing injuries of chest as result of automobile accident.</u>					INTERVAL BETWEEN ONSET AND DEATH. <u>Approx. 30 min.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					
20a. ACCIDENT <input checked="" 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.) <u>Result of automobile accident on Highway 63 north (Turkey Creek Bridge) Jefferson City, Mo. Pronounced dead on arrival at St. Mary's Hospital, Jefferson City, Mo.</u>		
20c. TIME OF INJURY Hour <u>4:00</u> a.m. Month, Day, Year <u>March 16, 1958</u> <u>by R. P. Dorris, Mo. D.</u>			20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		
20e. CITY, TOWN, OR LOCATION <u>Jefferson City</u>			20f. COUNTY <u>Callaway, Mo.</u>		
20g. STATE <u>Mo.</u>					
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Oletus Holt, Coroner, Cole County</u>			22b. ADDRESS <u>630 Adams St. Jefferson City, Mo</u>		22c. DATE SIGNED <u>3/16/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>March 19, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Centertown Cemetery Centertown Mo</u>		23d. LOCATION (City, town, or county) (State) <u>Centertown Mo</u>
24. GENERAL DIRECTOR <u>Michael Breacher</u>			25. DATE RECD. BY LOCAL REG. <u>17 March 1958</u>		26. REGISTRAR'S SIGNATURE <u>R.P. Dorris, MD-MR.</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MAR 20 1958

JVS
MAR 30 1959

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 Victor Buescher

Licensed Embalmer No. 3901
P. O. Address JC Mo

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.