

# STANDARD CERTIFICATE OF DEATH

 State File No. 1876  
 Registrar's No. 043739

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		State File No. <u>1876</u>		Registrar's No. <u>043739</u>	
1. PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived. If institutional, residence before admission)				
a. COUNTY <u>JASPER</u>					a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>JOPLIN</u>			c. LENGTH OF STAY (in this place) <u>YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JOPLIN</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2728 EAST 7TH</u>					d. STREET ADDRESS (If rural, give location) <u>2728 EAST 7TH</u>				
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX		6. COLOR OR RACE	
a. (First) <u>FRANCIS</u>			b. (Middle) <u>MARION</u>			c. (Last) <u>VAUGHAN</u>		a. (Month) <u>JAN</u> b. (Day) <u>18</u> c. (Year) <u>1953</u>	
(Type or Print)			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MARCH 15, 1874</u>		9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>OPERATOR (RETIRED)</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>VAUGHAN REPAIR SHOP</u>		11. BIRTHPLACE (State or foreign country) <u>SOUTHWEST CITY, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>JOHN VUAGHAN</u>			13b. MOTHER'S MAIDEN NAME <u>NANCY</u>			14. NAME OF HUSBAND OR WIFE <u>GRACE VAUGHAN</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>LINK</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS LEE SWEETEN, 1626 PENN.</u>				ADDRESS <u>JOPLIN</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of lung</u>						INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES						5 years	
		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>163X</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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>Dec 5</u> , 19 <u>52</u> , to <u>Jan 18</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Jan 10</u> , 19 <u>53</u> , and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <u>[Signature]</u>				23b. ADDRESS <u>421 Frisco Bldg, Joplin, Mo</u>			23c. DATE SIGNED <u>1/20/53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-20-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OZARK MEMORIAL</u>		24d. LOCATION (City, town, or county) (State) <u>JOPLIN, MISSOURI</u>			
DATE REC'D BY LOCAL REG. <u>1-22-53</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>STEVE PARKER MORTUARY, JOPLIN, MO.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED 1-26-53  
Jasper County Health Office

County File Number 53/1/87

Date Filed 1-26-53

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *F. M. Jones*

Licensed Embalmer No. 2319

P. O. Address *Public 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 this body is not embalmed, fact should be so stated above.