

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19202

State File No. 19202

2699

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2699

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 67 yrs.		e. STREET ADDRESS (If rural, give location) 32 2215 Flora	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital # 2			

3. NAME OF DECEASED (Type or Print) a. (First) Mitchell	b. (Middle)	c. (Last) Vaughn	4. DATE OF DEATH (Month) (Day) (Year) June 13, 1954
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5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH August 14, 1882	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Laundry	11. BIRTHPLACE (City and State or Foreign Country) Knobnoster, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Daniel B. Vaughn	13b. MOTHER'S MAIDEN NAME Doshi Ann Wisely	14. NAME OF HUSBAND OR WIFE Babe Vaughn
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 500-20-9039	17. INFORMANT'S SIGNATURE OR NAME Lillian Robinson	ADDRESS 2016 E. 16th
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident		DUE TO (b) Hypertension		301 1/2
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, generalized				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 6-3, 1954, to 6-13, 1954, that I last saw the deceased alive on 6-13, 1954, and that death occurred at 5:30A m., from the causes and on the date stated above.

23a. SIGNATURE E. Frank Ellis, MD (Degree or title)	23b. ADDRESS 600 E. 22nd	23c. DATE SIGNED 6-15-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/17/54	24c. NAME OF CEMETERY OR CREMATORY Blue Ridge Lawn	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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DATE REC'D BY LOCAL REG 6-15-54	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE Watkins Bros.	ADDRESS 18th & Benton
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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..... *Bruce L. Watkins*

Licensed Embalmer No. *450*

P..O. Address *18th St. B...*

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.