

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36480

State File No. ....

FILED DEC 14 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3005 Registrar's No. 120

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Bates</u>	
b. CITY OR TOWN <u>BUTLER</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rockville, Mo 6470</u>	
c. LENGTH OF STAY (in this place) <u>5 yrs</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BUTLER MEMORIAL HOSP</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Grace</u> b. (Middle) <u>VAUGHLIN</u> c. (Last) <u>Snively</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12 5 1954</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	
8. DATE OF BIRTH <u>Dec 13-1883</u>		9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>22</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Tacoma, Neb.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Jasper Vaughlin</u>		13b. MOTHER'S MAIDEN NAME <u>BERTHA THOMPSON</u>		14. NAME OF HUSBAND OR WIFE <u>None</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>495-20-8086</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS: <u>Mrs. Bill Hoffman Butler, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u>			
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		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) <u>4201</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK? <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from 11-25, 1953, to 12-5, 1954, that I last saw the deceased alive on 12-4, 1954, and that death occurred at 9:45 A.m., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) <u>Chas. A. Lusk, Jr.</u>		22b. ADDRESS <u>State Bank Building, Butler, Mo.</u>		22c. DATE SIGNED <u>12-6-54</u>	
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>12-7-54</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Rockville</u>	
				23d. LOCATION (City, town, or county) (State) <u>Rockville, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>Dec. 7-54</u>		REGISTRAR'S SIGNATURE <u>Rendell Torrey</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Oscar Echolz, Capehart City, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 28 1955

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

*Isaac Eckhoff*

Licensed Embalmer No. *3942*

P. O. Address *Appleton City, Wis.*

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.