

FILED FEB 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5152

412

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 412	
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. LENGTH OF STAY (in this place) 47 yrs.		c. CITY OR TOWN KANSAS CITY		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 3198	
d. FULL NAME OF HOSPITAL OR INSTITUTION TRINITY LUTHERAN				STREET ADDRESS (If rural, give location) 19 5043 EAST 8 th STREET			
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE		b. (Middle) ARTHUR		c. (Last) VAUGHN		4. DATE OF DEATH (Month) (Day) (Year) JAN. 27-1955	
5. SEX MALE		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 6-1882	
9. AGE (in years last birthday) 72		IF UNDER 1 YEAR Months - Days - Hours - Min.		IF UNDER 10 YRS. Months - Days - Hours - Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CUSTODIAN		10b. KIND OF BUSINESS OR INDUSTRY FED. RESERVE BANK		11. BIRTHPLACE (City and State or Foreign Country) JACKSON COUNTY Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME HENRY VAUGHN		13b. MOTHER'S MAIDEN NAME Julia Brixey		14. NAME OF HUSBAND OR WIFE BLANCHE M. VAUGHN			
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. 487-34-5069		17. INFORMANT'S SIGNATURE OR NAME ADDRESS ELMER VAUGHN 622 HARDESTY.			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastric hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma stomach DUE TO (c) - II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. -				INTERVAL BETWEEN ONSET AND DEATH 3 weeks 8 mo 151X	
19a. DATE OF OPERATION 1/4/55		19b. MAJOR FINDINGS OF OPERATION Gastric carcinoma, perforation, peritonitis				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 1/4, 1955, to 1/27, 1955, that I last saw the deceased alive on 1/27, 1955 and that death occurred at 5P. m., from the causes and on the date stated above.							
23a. SIGNATURE James A. Gibson (Degree or title) MD				23b. ADDRESS 907 Rialto Bldg		23c. DATE SIGNED 1/28/55	
24a. BURIAL OR CREMATION, REMOVAL (Specify) Burial		24b. DATE JAN. 31-1955		24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEM. KANSAS CITY, Mo.		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. 1-28-55		REGISTRAR'S SIGNATURE Neva Minshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.H. Blackman & Son Inc. N.E. Mo.			

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 *W. C. Prine*.....

Licensed Embalmer No. *48*.....

P. O. Address *K. C. 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.