No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33774

BIRTH NO. FILED OCT 25 1955 REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 426

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Freeman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN: Joplin
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐ 9.5
STREET ADDRESS (If rural, give location): 427 N. Byers Ave 0410

3. NAME OF DECEASED (Type or Print)
a. (First): Nell
b. (Middle):
c. (Last): Vaughn

4. DATE OF DEATH (Month) (Day) (Year): 10- 17- 1955

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug 1- 1891
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home making
11. BIRTHPLACE (City and State or Foreign Country): Golden City, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: C. A. McAhron
13b. MOTHER'S MAIDEN NAME: Dont Know
14. NAME OF HUSBAND OR WIFE: Leonard Vaughn Deid

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mac Vaughn 427 N. Byers
ADDRESS: Joplin Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Adenocarcinoma of ovary
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): with metastasis
DUE TO (c):
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
175X

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION: 10-2-54
19b. MAJOR FINDINGS OF OPERATION: Adenocarcinoma rt ovary
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-2, 1954, *to* 10-17, 1955, *that I last saw the deceased alive on* 10-17, 1955, *and that death occurred at* 12 noon *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Virgil E Jeans M.D.
23b. ADDRESS: Joplin, Mo
23c. DATE SIGNED: 10/18/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-20-1955
24c. NAME OF CEMETERY OR CREMATORY: Mt Hope Cemetery
24d. LOCATION (City, town, or county): Webb City (State): Mo

DATE REC'D BY LOCAL REG.: 10-20-55
REGISTRAR'S SIGNATURE: Ed D. James by Dolores Lampkins
25. FUNERAL DIRECTOR'S SIGNATURE: Thornhill Dillon Mort
ADDRESS: Joplin Mo

(Licensed Embalmer's Statement on Reverse Side)

Date Filed OCT 24 1955

JAN 31 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed David Dillon

Licensed Embalmer No. 389

P. O. Address Joplin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.