

FILED APR 1 - 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER
1000 Registrar's No. 332

Registration District No. 42 Primary Registration District No.

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph 0170	
c. FULL NAME OF HOSPITAL OR INSTITUTION Jackson Mar. Ho.		d. STREET ADDRESS 518 N. 3rd St.	
Length of stay in 1b 1 yr.		Reside on Farm <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Marion Vaughn			4. DATE OF DEATH Mar. 16 1957								
5. SEX 2 Male		6. COLOR OR RACE Negro		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Nov. 12 1858		9. AGE (In years last birthday) 98		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (ret.)			10b. KIND OF BUSINESS OR INDUSTRY Self		11. BIRTHPLACE (City and state or country) Weston Mo.			12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME (Not Given) Vaughn				14. MOTHER'S MAIDEN NAME (Not Given) Brown							
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. None		17. INFORMANT 518 N. 3rd St., City Records of Jackson Nursing Home						

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease								INTERVAL BETWEEN ONSET AND DEATH Unk.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Generalized Arteriosclerosis						Unk.	
		DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)								19. WAS AUTOPSY PERFORMED? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour a. m. p. m.									

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from 8:30 3/5/57 A to 3/16/57 and last saw him alive on 3/15/57 Death occurred at m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) St. Melvyn M. D.				22b. ADDRESS Kirkpatrick Building St. Joseph, Missouri			22c. DATE SIGNED 3/16/57		

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Mar. 19-1957	23c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery		23d. LOCATION (City, town, or county) St. Joseph, Mo.		(State)			
24. FUNERAL DIRECTOR Wm. H. Alexander				ADDRESS St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. March 29, 1957		26. REGISTRAR'S SIGNATURE Ethen M. Allison		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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Coroner cannot certify to a death due to natural causes.

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..... *Wm. H. Alexander*

Licensed Embalmer No. *44*

P. O. Address *St. Joseph*

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