

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-040253  
STATE FILE NUMBER  
5648

FILED DEC 11 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5648

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, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (If NOT in hospital or institution) HOSPITAL OR INSTITUTION 121 NORTH		d. STREET ADDRESS (If outside, give location) 121 N. DENVER	
3. NAME OF DECEASED (Type or print) First Middle Last WALTER ALLEN VAUGHN		4. DATE OF DEATH Month Day Year NOV. 28, 1958	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JUNE 22, 1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY RESTAURANT	11. BIRTHPLACE (City and state or country) CLINTON, OKLAHOMA
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME ROBERT LEE VAUGHN	
13b. MOTHER'S MAIDEN NAME RUTH McCONNELL McDOWELL		14. NAME OF HUSBAND OR WIFE LEONA VAUGHN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI		16. SOCIAL SECURITY NO. 495-01-3589	17. INFORMANT Address LEONA VAUGHN 121 N. DENVER K.C. Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Artery Disease DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 3 yrs
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.) 4201	
20c. TIME OF INJURY Hour Month, Day, Year o.m. p.m.		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 1950 to present and last saw him alive on July 1958 Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Degree or title) 22b. ADDRESS 1103 Grand K.C. Mo. 22c. DATE SIGNED 11/29/58	
23a. BURIAL, CREMATION (Specify) BURIAL		23b. DATE 11-30-58	
23c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEM.		23d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI	
24. FUNERAL DIRECTOR C.H. BLACKMAN & SON INC. MO.		25. DATE RECD. BY LOCAL REG. 11-29-58	
		26. REGISTRAR'S SIGNATURE Vera Marshall	

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All diseases in Part I must be causally related. No symptoms will be listed.

J. A. GARDON. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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. Beninc* .....

Licensed Embalmer No. *4879* .....

P. O. Address *KC. 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.