

92330-58

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-044464

STATE FILE NUMBER 5687

FILED DEC 18 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Wichman Mills Kansas City Mo.</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Luke's Hospital</b> Length of stay in lb <b>Life</b>		d. STREET ADDRESS (If outside, give location) <b>7408 Longview Rd.</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>BABY</b> Middle <b>BOY</b> Last <b>VAUGHAN</b>			4. DATE OF DEATH Month <b>11</b> - Day <b>6</b> - Year <b>58</b> <sup>5 PM</sup>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>11-6-58</b> <sup>6 AM</sup>
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months <b>1</b> Days <b>27</b>	IF UNDER 24 HRS. Hours <b>6</b> Min. <b>27</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>infant</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>KANSAS CITY MISSOURI</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13. FATHER'S NAME <b>MARVIN E. VAUGHAN</b>	
14. MOTHER'S MAIDEN NAME <b>DORIS JANE BENNETT</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	
16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT <b>FATHER</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Anoxia</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Anoxia</b> DUE TO (c) <b>Prematurity (25 wks gestation)</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1' 30"</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>7625</b>			19. WAS AUTOPSY PERFORMED? 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 <b>5:03 PM</b> Month <b>11</b> , Day <b>6</b> , Year <b>58</b> a. m. <b>11-6-58</b> 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 <b>5:03 PM 11-6-58</b> to <b>6:30 PM</b> and last saw her <sup>alive</sup> <b>11-6-58</b> Death occurred at <b>6:30 PM</b> of on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>James E. Keeler M.D.</b> (Name and title)		22b. ADDRESS <b>Kansas City Mo</b>	22c. DATE SIGNED <b>11-6-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>11-6-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Hospital Disposal</b>	23d. LOCATION (City, town, or county) (State) <b>St. Luke's Hospital</b>
24. FUNERAL DIRECTOR <b>David Gibson, M.D.</b> ADDRESS <b>St. Luke's</b>		25. DATE RECD. BY LOCAL REG. <b>12-1-58</b>	26. REGISTRAR'S SIGNATURE <b>Neva Minshall</b>

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
James E. Keeler

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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..

Hospital - St. Luke's Hospital

Student ..... Signature of Student Embalmer

Signed ..... Jamid M. Gelatin (M.D.)

Licensed Embalmer No. ....

P. O. Address .....

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.