

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004637
STATE FILE NUMBER

FILED MAR 9 1959 Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 238

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) St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Joseph 0117 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hosp.		Length of stay in lb 75 yrs	d. STREET ADDRESS (If outside, give location) 3225 So. 11th St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last WILSON L. VAUGHN			4. DATE OF DEATH Month Day Year March 1 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 13, 1870
9. AGE (In years last birthday) 88		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) Retired Salesman		10b. KIND OF BUSINESS OR INDUSTRY Fruit Company	11. BIRTHPLACE (City and state or country) Fillmore Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Jerry C. Vaughn	
13b. MOTHER'S MAIDEN NAME Sarah McCallon		14. NAME OF HUSBAND OR WIFE Mrs. Irma H. Vaughn (Dec.)	
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. 488-14-9207	17. INFORMANT Mr. William C. Vaughn Address Santa Barbara Cal.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>URKEMIA.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>NEPHROSCLEROSIS.</u> DUE TO (c) <u>SENILITY</u> 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 <u>3 WKS</u> ? 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.) <u>446x</u>	
20c. TIME OF INJURY Hour a.m. Month, Day, Year 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 Death occurred at <u>11:10 P</u>		and last saw him alive on <u>3/1/59</u>	
22a. SIGNATURE <u>John T. Rogers M.D.</u>		22b. ADDRESS <u>307 Kinspatrich Bldg St. Joe</u>	22c. DATE SIGNED <u>3/2/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-4-59	23c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery	23d. LOCATION (City, town, or country) (State) St. Joseph Missouri
24. FUNERAL DIRECTOR <u>Stoney Funeral Home</u>		ADDRESS St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. <u>Mar. 4, 1959</u>
		26. REGISTRAR'S SIGNATURE <u>Mrs. Clark Goodell</u>	

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Dr. John T. Rogers
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION

All diseases in Part I must be causally related.
 Doctor, coroner, etc. must use only standard nomenclature.

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 Charles E. Bennett

Licensed Embalmer No. 11677

P. O. Address St. Joseph, 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.