

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-005938

STATE FILE NUMBER

FILED FEB 19 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 600

300  
1-57

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		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN OAK BROVE
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4424 Washington		Length of stay in 1b MONTHS 2	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last MATTIE J VAUGHN			4. DATE OF DEATH Month Day Year 1 21 59
5. SEX FEMALE	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 11-3-1872
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		9b. KIND OF BUSINESS OR INDUSTRY INDUSTRY	9. AGE (In years last birthday) 86
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY INDUSTRY	10. CITIZEN OF WHAT COUNTRY? U.S.
11a. FATHER'S NAME WILLIAM CORN		11b. MOTHER'S MAIDEN NAME MALINDA THCKERACY	11. BIRTHPLACE (City and state or country) 3 MILES S. OF BUCKNER, MO. U.S.
12a. FATHER'S NAME WILLIAM CORN		12b. MOTHER'S MAIDEN NAME MALINDA THCKERACY	12. CITIZEN OF WHAT COUNTRY? U.S.
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		13. SOCIAL SECURITY NO. —	14. INFORMANT Address MRS. RUEUS MEYERS, 4424 Wash.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Failure DUE TO (b) Atherosclerotic Heart 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)			19. INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from JAN. 1958 to JAN. 30 59 and last saw her alive on JAN. 30, 1959 Death occurred at 2:10 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John B. Justus MD		22b. ADDRESS 4620 Nichols Pkwy K.C., MO.	22c. DATE SIGNED 1-31-59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 2-2-59	23c. NAME OF CEMETERY OR CREMATORY BUCKNER	23d. LOCATION (City, town, or county) (State) BUCKNER MO
24. FUNERAL DIRECTOR REPPERT		25. DATE RECD. BY LOCAL REG. 1-31-59	26. REGISTRAR'S SIGNATURE Irene Marshall

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION  
John B. Justus

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. Mayfield* .....

Licensed Embalmer No. *4638* .....

P. O. Address *Blue Springs* .....

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.