t. Health,
, & Welfare
S. Public
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S. 300
v. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-022209
STATE FILE NUMBER

FILED JUL 7 1959 Registration District No. 218 Primary Registration District No. 4330 Registrar's No. 21

1. PLACE OF DEATH
a. COUNTY Mississippi
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) East Prairie, Mo. Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) East Prairie, Mo. Length of stay in 1b 67 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Mississippi
c. CITY OR TOWN East Prairie, Mo. Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) Gen. Del. Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First William Middle Lee Last Vaughn

4. DATE OF DEATH Month 6 Day 19 Year 59

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH June 29-1867
9. AGE (In years last birthday) 91 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) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (City and state or country) Williama Co. Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Vaughn
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Millie Ann Vaughn

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Unknow (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Charles Vaughn Address East Prairie, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Chronic Myocarditis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4221

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 March 1, 1959 to June 19/59 and last saw him alive on May 30, 1959
Death occurred at 12:45 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Gordon C. Hemphill D.O.
22b. ADDRESS East Prairie, Mo.
22c. DATE SIGNED 6/30/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 6-21-59
23c. NAME OF CEMETERY OR CREMATORY W.O.W.
23d. LOCATION (City, town, or county) East Prairie, Mo. (State)

24. FUNERAL DIRECTOR Travis Shelby Jr. ADDRESS East Prairie, Mo.
25. DATE RECD. BY LOCAL REG. 7-1-59
26. REGISTRAR'S SIGNATURE Gertrude G. Harper

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

Date Filed 7-6-59

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 Travis Shelby Jr.

Licensed Embalmer No. 4940

P. O. Address East Prairie

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.