

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025641

FILED VS AUG 6 1959 156

Registration District No. 2001 Registrar's No. 370

STATE FILE NUMBER

IDED

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY CHEPOTAKE	
b. CITY (If outside corporate limits, give TOWNSHIP only) JOPLIN		Length of stay in 1b 1 week	c. CITY OR TOWN GALENA 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. John's Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1709 Galena Av. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) JAMES HENRY ALLEN VAUGHN			4. DATE OF DEATH Month AUGUST Day 1 Year 1959			
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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 12-25-1883	9. AGE (last birthday) 75	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner		10b. KIND OF BUSINESS OR INDUSTRY Pb & Zn		11. BIRTHPLACE (City and state or country) Scottsville Ky		12. CITIZEN OF WHAT COUNTRY U. S. A.	
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13a. FATHER'S NAME LEE VAUGHN		13b. MOTHER'S MAIDEN NAME BERNICE BRONNER		14. NAME OF HUSBAND OR WIFE GRACE VAUGHN			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Spanish Am.		16. SOCIAL SECURITY NO.		17. INFORMANT Address GRACE VAUGHN Galena Kan.			
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 7 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive C.V. 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) Diabetes mellitus, severe				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)					
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year						
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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
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21. I attended the deceased from **25 July 59** to **1 Aug 59** and last saw ^{her}him alive on **1 Aug 59**
Death occurred at **3:20** a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Robert Powell M.D.	22b. ADDRESS Galena, Kansas	22c. DATE SIGNED 1 Aug 59
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 8-4-1959	23c. NAME OF CEMETERY OR CREMATORY HILL CREST	23d. LOCATION (City, town, or county) (State) GALENA, KANSAS
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24. FUNERAL DIRECTOR ADDRESS Roy L. Deffelt Galena Kan.	25. DATE RECD. BY LOCAL REG. Aug 3. 1959	26. REG. STRAR'S SIGNATURE Dove Merriman
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

