

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-037318

FILED VS OCT 16 1959

STATE FILE NUMBER

Registration District No. 314 Primary Registration District No. 6065 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY <u>St. Clair</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>St. Clair</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>rural Polk</u>		Length of stay in 1b <u>years</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>10 mi E of Osceola</u>		d. STREET ADDRESS (If outside, give location) <u>10 mi East</u>	
3. NAME OF DECEASED (Type or print) First <u>Florence</u> Middle <u>Elizabeth</u> Last <u>Vaughn</u>		4. DATE OF DEATH Month <u>Sept</u> Day <u>21</u> Year <u>1959</u>	
5. SEX <u>FS</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec 12 - 09</u>
9. AGE (last birthday) <u>49</u>		IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>	IF UNDER 24 HR Hours <u>  </u> Min. <u>  </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if casual) <u>Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wife</u>	11. BIRTHPLACE (City and state or country) <u>Illinois</u>
12. CITIZEN OF WHAT COUNTRY		13a. FATHER'S NAME <u>Blake Fisk</u>	
13b. MOTHER'S MAIDEN NAME <u>Adeline Eberly</u>		14. NAME OF HUSBAND OR WIFE <u>Clark Vaughn</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>-</u>	
17. INFORMANT <u>Clark Vaughn - Osceola Mo.</u>		Address	
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>Myocardial Failure</u> DUE TO (b) <u>Blood Clot Brain</u> DUE TO (c) <u>Cerebral accident previously</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>8 hours</u> <u>intermittent</u> <u>over 7 yrs.</u> <u>7 yrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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 <u>  </u> Month, Day, Year <u>  </u>		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 <u>3:30 AM</u> to <u>5 PM</u> and last saw her <u>alive</u> on <u>9-21-1959</u> Death occurred at <u>5 P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>J. R. Easton D.O. by R. Seewers</u>		22b. ADDRESS <u>Wearbleau MO</u>	
22c. DATE SIGNED <u>9/24/59</u>		23. NAME OF CEMETERY OR CREMATORY <u>King's Grove</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>  </u>		23d. LOCATION (City, town, or county) (State) <u>St. Clair Co MO</u>	
23b. DATE <u>9-24-59</u>		24. FUNERAL DIRECTOR ADDRESS <u>Osceola Mo</u>	
25. DATE RECD. BY LOCAL REG. <u>9-25-59</u>		26. REGISTRAR'S SIGNATURE <u>Ruth Seewers</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed J.B. Goodrich

Licensed Embalmer No. 3038

P. O. Address Ocean

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.