

I DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-014477

FILED VS. APR 25 1960 53

Registration District No. _____ Primary Registration District No. 3010 Registrar's No. 174

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Alexander							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		Length of stay in 1b 10 Days		c. CITY OR TOWN Thebes		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION S.E.Mo. Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS Rural Route			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) Adolph - Vaughn				4. DATE OF DEATH April 19, 1960		Month		Day		Year	
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 10/27/1889		9. AGE (last birthday) 70		IF UNDER 1 YEAR Months Days 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 Stock Farm		11. BIRTHPLACE (City and state or country) Willard, Illinois			12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME George J. Vaughn				13b. MOTHER'S MAIDEN NAME Martha Farrow				14. NAME OF HUSBAND OR WIFE Katherine Steger Vaughn			
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. 328-26-5319		17. INFORMANT Katherine Vaughn, Thebes, Illinois. Address					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:										INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease										3 years	
DUE TO (b) Uremia										6 weeks	
DUE TO (c) Benign Prostatic Hypertrophy										3 months	
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 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 a.m. p.m.		Month, Day, Year									
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 Sept. 29, 1959 to Apr. 19, 1960 and last saw her/him alive on Apr. 19, 1960 Death occurred at 2:20 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE <i>Edward O Campbell</i> (Degree or title)				22b. ADDRESS M.D. Cape Girardeau, Missouri				22c. DATE SIGNED 4-20-60			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4/21/1960		23c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery			23d. LOCATION (City, town, or county) (State) Thebes, Alexander, Illinois				
24. FUNERAL DIRECTOR L. L. Haman-Cape Girardeau, Mo.				25. DATE RECD. BY LOCAL REG. 4-22-1960		26. REGISTRAR'S SIGNATURE <i>Irvin Kasten</i>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 8 1960

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 *L. H. Harmon*

Licensed Embalmer No. 2913

P. O. Address Cape Hill, Va.

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.