

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

6980

State File No.

FILED MAR 11 1943 107

Primary Registration District No. 5753

Registrar's No. 35

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Maries
(b) City or town Meta
(c) Name of hospital or institution: Boone Lungs
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME George Gilbert Vaughn
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary R. Vaughn 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased 5 25 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 8 20 hr. min.

9. Birthplace Maries County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business.....

12. Name John W. Vaughn
13. Birthplace Maries County, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mary Crismon
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Vaughn
(b) Address Meta, Missouri

17. (a) Burial (b) Date thereof 2/ 17/1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stokes Cemetery

18. (a) Signature of funeral director Fred H. Gilbert

(b) Address Dixon, Missouri

19. (a) 2-23-43 (b) Erma Bassett
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Maries
(c) City or town Meta
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 2 day 15
year 1943 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from.....
19..... to..... 19.....
that I last saw him alive on.....
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
(Non Rheumatic)
Due to.....
Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place)
(e) Means of injury.....
23. Signature S. C. Howard M.D. or other.....
Address Vienna, Mo. Date signed 2/19/43

1046 (Licensed Embalmer's Statement on Reverse Side) Maries County Coroner

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.....

2/15-43

..... Registered Apprentice No.....

working under my personal supervision.

Signed.....

Fred W. Gilbert

Licensed Embalmer No. 2341

P. O. Address. Dixon, Missouri

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 this body is not embalmed, fact should be so stated above.