

S. No. 2
DM-1/47
5-17-39

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED MAR 30 1948
Registration District No. 128

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 8444
Registrar's No. 223

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 23 Days 16 Hours
(Specify whether Same years, months or days)

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

3. (a) PRINT FULL NAME Loyd Vaughn
3. (b) If veteran, name war WW I
3. (c) Social Security No. ?

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Not given
6. (c) Age of husband or wife if alive dec. years
7. Birth date of deceased January 25, 1887
(Month) (Day) (Year)

8. AGE: Years 60 Months 1 Days 17 If less than one day 16 hr. min.

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

10. Usual occupation None

11. Industry or business
12. Name F. William Vaughn
13. Birthplace California
(City, town, or county) (State or foreign country)
14. Maiden name Mary Vaughn
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant VIA RECORDS
(b) Address Spfld, Mo.

17. (a) Removal (b) Date thereof 3-15-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson City Mo.

18. (a) Signature of funeral director Stephen Schaff
(b) Address Springfield, Mo.

19. (a) 3-15-48 (b) W. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 14
year 1948 hour # 2 minute 20 P.M.

21. I hereby certify that I attended the deceased from November 13, 1947, to March 14, 1948, that I last saw him alive on March 14, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis, bilateral, with extensive cavitation, left; Coronary sclerosis, marked; Nephrosclerosis, marked.

Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy: Same as above 3 B

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 Yes (Specify type of place) Means of injury
23. Signature P. L. EISELE (M. D. or other)
Address VAH, Springfield, Mo. Date signed 3-15-48

Duration
PHYSICIAN
Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

MAR 31 1948

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.....

Harry L. Gorman

Registered Apprentice No. *479*

working under my personal supervision.

Signed

L. Edwin Gorman

Licensed Embalmer No. *3177*

P. O. Address *Springfield Mo*

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.