

FILED AUG 25 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26458

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 74 PRIMARY REG. DIST. NO. 4136 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Plattsburg 3</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY Jackson</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS <u>BLACKSTONE HOTEL 9th. and CHERRY</u> <u>--NOT KNOWN</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>VAUGHN</u> b. (Middle) <u>—</u> c. (Last) <u>MORROW</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8 12 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>2/14/1913</u>
9. AGE (In years last birthday) <u>36</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Truck Driver</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>TURNER MORROW</u>	13b. MOTHER'S MAIDEN NAME <u>LEVA WREN</u>	14. NAME OF HUSBAND OR WIFE <u>ADA WILBY MORROW</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>70</u>	17. INFORMANT'S SIGNATURE OR NAME <u>TURNER MORROW</u> ADDRESS <u>Braxville Mo</u>

18. CAUSE OF DEATH (State only the cause per se for (a), (b), and (c). This does not mean the manner of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic endocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Rheumatism</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>4214</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 8 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. D. Templeman</u> (Degree or title) <u>Coroner Clinton Co 3</u>	23b. ADDRESS <u>Cameron mo</u>	23c. DATE SIGNED <u>8-12-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>8/15/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sulphur Springs</u>
DATE REC'D BY LOCAL REG. <u>8-14-1949</u>	REGISTRAR'S SIGNATURE <u>Bernice Chaitano</u>	24d. LOCATION (City, town, or county) (State) <u>Howard County MO.</u>
5. FUNERAL DIRECTOR'S SIGNATURE <u>D. P. Lason</u> ADDRESS <u>Plattsburg Mo.</u>		

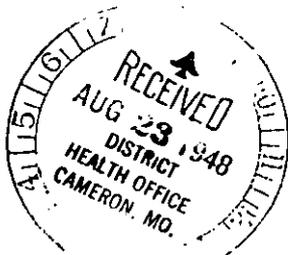
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2330

MAR 2 1950

FEB 9 1950

OCT 1 9 1957



**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Daniel D. Lyon*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3640

P. O. Address Plattsburg 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.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. 2645-8-49  
Local Registrar's No. ....

State of Missouri }  
County of Jackson } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 27th day of February, 1950 before me appears.....

Ada V. Morrow, who, upon her oath, states that the original record of ~~birth~~ <sup>death</sup>  
for Vaughn Morrow ~~born~~ <sup>died</sup> August 12, 1949, in the State of  
Missouri, and which was filed at Jefferson City on August 14, 1949, should be corrected as follows:

Item No. 2D should read Blackstone Hotel, 9th & Cherry

Instead of not known

Item No. 14 should read Ada V. Morrow

Instead of Ruby Morrow

Item No. .... should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Ada V. Morrow Widow  
Relationship.

Blackstone Hotel, 9th & Cherry  
K. C. Mo. Present Address.

Subscribed and sworn to before me this 27th day of February, 1950

My Commission expires 7-7-51  
John P. Ryan Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

