

FILED SEP 2 1949 THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 27082
Registrar's No. 3599

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Kansas b. COUNTY Wyandotte

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City c. LENGTH OF STAY (in this place) 42 yrs.

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital

d. STREET ADDRESS (If rural, give location) 216 North 16th St.

3. NAME OF DECEASED (Type or Print)
a. (First) GEORGE b. (Middle) VAUGHAN c. (Last) VAUGHAN

4. DATE OF DEATH (Month) (Day) (Year) August 18 1949

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH 5-6-1867

9. AGE (In years last birthday) 82 IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist 10b. KIND OF BUSINESS OR INDUSTRY Mo. Pacific-R.R. 11. BIRTHPLACE (State or foreign country) Morrystown, Wales 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Thomas Vaughan 13b. MOTHER'S MAIDEN NAME Elizabeth Walker 14. NAME OF HUSBAND OR WIFE Elizabeth S. Vaughan

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. ? 17. INFORMANT'S SIGNATURE OR NAME Mrs. Gladys Richards ADDRESS K.C.K.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease
MEDICAL CERTIFICATION
INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS Stones urinary bladder and duodenal ulcer

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

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) Kansas City, Jackson County, Missouri

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 28, 1949, to Aug. 18, 1949 that I last saw the deceased alive on Aug. 18, 1949, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree of title) J. E. Castles, M.D. 23b. ADDRESS 1002 Argyle Bldg., K.C.Mo. 23c. DATE SIGNED 8-19-49.

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 8-18-1949 24c. NAME OF CEMETERY OR CREMATORY Memorial Park 24d. LOCATION (City, town, or county) (State) Kansas City Kansas

DATE REC'D BY LOCAL REG. 8-20-49 REGISTRAR'S SIGNATURE Geraldine Holmes 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Geo. W. Long K.C. Kansas.

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

488
8
2

J.C. Castle
Orroyle Blvd.
304 E. 1st St.
M.E. Corner
McKee

OCT 11 1949

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 Chas. H. Rider

Signed _____
Student Embalmer

Licensed Embalmer No. 3404

P. O. Address 703 N. 10th St.

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.