

FILED MAR 6 1950
2-21-50

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4367

BIRTH NO. _____ REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 5343 Registrar's No. 8

7290

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

1. PLACE OF DEATH a. COUNTY Dade		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Dade	
b. CITY (If outside corporate limits, write RURAL and give township) Rural North twp.		c. LENGTH OF STAY (In this place) Life	
c. CITY (If outside corporate limits, write RURAL and give township) Rural North twp.		5270	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7mi N. Greenfield		d. STREET ADDRESS (If rural, give location) 7mi N. of Greenfield	
3. NAME OF DECEASED a. (First) Benjamin		b. (Middle) Price	
c. (Last) VAUGHN		4. DATE OF DEATH (Month) (Day) (Year) Feb. 15 1950	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 23, 1861
9. AGE (In years last birthday) 88		10. MONTHS 2 DAYS 22 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 Farm	
11. BIRTHPLACE (State or foreign country) Dade Co., Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Lt. David F. Vaughn		13b. MOTHER'S MAIDEN NAME Lucinda Cook	
14. NAME OF HUSBAND OR WIFE Flora 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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. James C. Pyle; Greenfield, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 2-10 , 1950, to 2-15 , 1950, that I last saw the deceased alive on 2-14 , 1950, and that death occurred at 8:00 a.m. , from the causes and on the date stated above.	
23a. SIGNATURE D. O. Cowan M.D.		23b. ADDRESS Greenfield	
23c. DATE SIGNED 2-19-50		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial A	
24b. DATE Feb. 17, 1950		24c. NAME OF CEMETERY OR CREMATORY Vaughn Cemetery	
24d. LOCATION (City, town, or county) (State) Dade Co., Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. C. Canada, Greenfield, Mo.	
DATE REC'D BY LOCAL REG. 2-21-50		REGISTRAR'S SIGNATURE Geo. R. Weir 79	

RECEIVED FEB 27 1950
District Health Office No. 6,
District File Number 250-264
Date Filed 2-27-50

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.

Student
Student Embalmer

Signed

J. C. Canada

Licensed Embalmer No. 4196

P. O. Address Greenfield, 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.