

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH33275
State File No.

FILED OCT 29 1951

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 913

| | | | | | |
|---|--|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Greene</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u> | | c. LENGTH OF STAY (in this place) | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u> | | 0396 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Johns Hospital</u> | | | d. STREET ADDRESS (If rural, give location) <u>1143 E. Atlantic</u> | | |
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>GEORGE</u> | b. (Middle) <u>HARRY</u> | c. (Last) <u>VAUGHN</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 25, 1951</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>Feb. 2, 1898</u> | 9. AGE (In years last birthday) <u>53</u> | IF UNDER 1 YEAR Months Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Prisco Machinist</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Heleper</u> | 11. BIRTHPLACE (State or foreign country) <u>Greene Co. Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Joe Vaughn</u> | | 13b. MOTHER'S MAIDEN NAME <u>Josie Anderson</u> | | 14. NAME OF HUSBAND OR WIFE <u>Lucy Vaughn</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u> | 16. SOCIAL SECURITY NO. <u>No. 702-07-6432</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Lucy Vaughn Spfld. Mo.</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>chronic myo carditis</u> 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 Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>4222</u> | | | | 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 <u>1950</u> , 19 <u>50</u> , to <u>10-25</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>10-25</u> , 19 <u>51</u> , and that death occurred at <u>10:45pm.</u> , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE (Degree or title) <u>W. K. Pope M.D.</u> | | | 23b. ADDRESS <u>Springfield Mo</u> | | 23c. DATE SIGNED <u>10-26-51</u> |
| 24a. BURIAL CREMATION, REMOVAL (Specify) | 24b. DATE <u>Oct. 27, 51</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Liberty Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Greene Co. Mo</u> | | |
| DATE REC'D BY LOCAL REG. <u>10-26-51</u> | REGISTRAR'S SIGNATURE <u>W. E. Haudley M.D.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J.W. Klingner & Co. Spfld. Mo.</u> | | |

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 26 1951

NOV 2 1951

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 Wm D. Hubert

Licensed Embalmer No. 4005

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.