

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1543

State File No. \_\_\_\_\_  
229

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>					
b. CITY OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>10 YEARS</u>		c. CITY OR TOWN <u>KANSAS CITY</u>		4538			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3734 VIRGINIA AVENUE</u>				d. STREET ADDRESS (If rural, give location) <u>3734 VIRGINIA AVENUE</u>					
3. NAME OF DECEASED (Type or Print) <u>BERTHA</u>			a. (First)		b. (Middle) <u>VAUGHN</u>		c. (Last)		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>MAR-12-1882</u>		9. AGE (In years last birthday) <u>70 6 9</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>JOSIAH VAUGHN</u>			13b. MOTHER'S MAIDEN NAME <u>MARY Mc KERNAN</u>			14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MISS ELIZABETH VAUGHN</u>		ADDRESS <u>3734 VIRGINIA AVE</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Disease</u> ANTECEDENT CAUSES <u>By hypertensive Cardiovascular disease</u> 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. <u>—</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3 mo.</u> <u>5 yrs</u> <u>443A</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 <u>Jan 7, 1951</u> to <u>Jan 14, 1952</u> , that I last saw the deceased alive on <u>Jan 7, 1952</u> , and that death occurred at <u>7:00 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Charles A. Lakaytis</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Kansas City, Mo.</u>		23c. DATE SIGNED <u>1/14/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>1-15-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SARCOXIE CEMETERY</u>		24d. LOCATION (City, town, or county) <u>SARCOXIE MISSOURI</u>		(State) _____	
DATE REC'D BY LOCAL REG. <u>1-15-52</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer Sons</u>		ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

**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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Robert E. Korman*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4849

P. O. Address KP 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.