No. 300
10.48

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

FILED SEP 8 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28698

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 129

1. PLACE OF DEATH
a. COUNTY: Livingston
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chillicothe
c. LENGTH OF STAY (in this place): 30 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Livingston
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Mooresville Twp.
d. STREET ADDRESS (If rural, give location): 1 mile North of Mooresville

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3. NAME OF DECEASED (Type or Print)
a. (First): Ira
b. (Middle): Franklin
c. (Last): Vaughn

4. DATE OF DEATH (Month) (Day) (Year): Sept 4 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 2, 1904
9. AGE (In years last birthday): 48
If under 1 year: Months | Days
If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (City and State or Foreign Country): Woodson County, Kansas
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Ira F. Vaughn
13b. MOTHER'S MAIDEN NAME: Elizabeth Allnutt
14. NAME OF HUSBAND OR WIFE: Elsie Mae Vaughn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
16. SOCIAL SECURITY NO.: 717-12-6446
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Ira Vaughn; **ADDRESS**: Mooresville, Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Wound, Gun Shot, R. Temporal
DUE TO (b): Shell fragment in Brain
DUE TO (c):

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

INTERVAL BETWEEN ONSET AND DEATH: 5 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

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)
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* Jan 1, 1948, *to* Sept 4, 1952, *that I last saw the deceased alive on* Sept. 4, 1952, *and that death occurred at* 11 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Joseph A. Conrad (Degree or title): M.D.
23b. ADDRESS: Chillicothe Mo
23c. DATE SIGNED: Sept. 5-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-5-52
24c. NAME OF CEMETERY OR CREMATORY: Mooresville
24d. LOCATION (City, town, or county) (State): Mooresville, Mo

DATE REC'D BY LOCAL REG.: Sept-5-52
REGISTRAR'S SIGNATURE: Frances B Nail
25. FUNERAL DIRECTOR'S SIGNATURE: Norman Funeral Home
ADDRESS: Chillicothe

(Licensed Embalmer's Statement on Reverse Side)

VWO

AUG 2 1956

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 Elton Pumau

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.