

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

State File No. **4587**

BIRTH DATE **MAR 15 1954** REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **255**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Greene</b> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b> c. LENGTH OF STAY (In this place) d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1457 N. Robberson</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b> c. CITY OR TOWN <b>Springfield</b> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <b>1457 N. Robberson</b> <b>0396</b>	
<b>3. NAME OF DECEASED</b> (Type or Print) <b>LILLIE M. VAUGHN</b> a. (First) <b>LILLIE</b> b. (Middle) <b>M.</b> c. (Last) <b>VAUGHN</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>March 7, 1954</b>	
<b>5. SEX</b> <b>Female</b>		<b>6. COLOR OR RACE</b> <b>White</b>	
<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widowed</b>		<b>8. DATE OF BIRTH</b> <b>4 Nov. 1875</b>	
<b>9. AGE</b> (In years last birthday) <b>78</b>		<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	
<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Missouri</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>	
<b>13a. FATHER'S NAME</b> <b>William Dandiacks</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Polly Stokes</b>	
<b>14. NAME OF HUSBAND OR WIFE</b> <b>Deceased</b>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>No</b>	
<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mrs. Otis Crocker</b>		<b>ADDRESS</b> <b>Springfield, Mo</b>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b> ANTECEDENT CAUSES <b>Pernicious Anemia</b> *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Pernicious Anemia</b> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <b>1 year</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	
<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from <u>Sept 3, 1953</u> to <u>Mar 7, 1954</u>, that I last saw the deceased alive on <u>Mar 6, 1954</u>, and that death occurred at <u>12:45 Am.</u>, from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> (Degree or title) <i>[Signature]</i>		<b>23b. ADDRESS</b> <b>221 1/2 E. Commercial Springfield, Mo.</b>	
<b>23c. DATE SIGNED</b> <b>3/10/54</b>			
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>		<b>24b. DATE</b> <b>3-9-54</b>	
<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Greenlawn Cemetery</b>		<b>24d. LOCATION</b> (City, town, or county) (State) <b>Springfield, Missouri</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>3-11-54</b>		<b>REGISTRAR'S SIGNATURE</b> <i>[Signature]</i>	
<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <i>[Signature]</i>		<b>ADDRESS</b> <b>Springfield, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

APR 2 1954

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.....  
Signature of Student Embalmer

Signed..... *Ogle Stone Jr.*

Licensed Embalmer No... *417*

P. O. Address... *Springfield*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.