

FILED MAY 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15591**

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **462**

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield	c. LENGTH OF STAY (in this place) 72 years	c. CITY OR TOWN Springfield,	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 935 N. Grant		e. STREET ADDRESS (If rural, give location) 935 N. Grant 0396	

3. NAME OF DECEASED (Type or Print) ANDREW	a. (First) A.	b. (Middle) VAUGHAN	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) May 9 1954		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 8, 1861	9. AGE (In years last birthday) 93	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 12 Mths. Hours	IF UNDER 12 Mths. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret Clerk		10b. KIND OF BUSINESS OR INDUSTRY Frisco Rail Road		11. BIRTHPLACE (City and State or Foreign Country) Knoxville, Tennessee		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Dora Vaughan	
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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 Robert L. Blackman, Springfield, Mo.		ADDRESS	
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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			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis				
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) Chronic Nephritis			
	DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Senility			592X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Sept. 3rd, 1947, to May, 9th, 1954, that I last saw the deceased alive on May 8th, 1954, and that death occurred at 11:30P m., from the causes and on the date stated above.

23a. SIGNATURE Paul O. Unshar, M.D. (Degree or title)	23b. ADDRESS Springfield, Missouri	23c. DATE SIGNED 5-12-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 12, 1954	24c. NAME OF CEMETERY OR CREMATORY Clear Creek Cemetery	24d. LOCATION (City, town, or county) (State) Springfield, Missouri
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DATE REC'D BY LOCAL REG. 5-13-54	REGISTRAR'S SIGNATURE Edith Williamson	5. FUNERAL DIRECTOR'S SIGNATURE Jewell E. Wendle, Springfield, Mo.	ADDRESS SW.
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(Licensed Embalmer's Statement on Reverse Side)

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

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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..... Carl J. Glenn

Licensed Embalmer No. 470

P. O. Address Springf.

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.