

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34334

FILED OCT 19 1954

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 521

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) Joplin		c. LENGTH OF STAY (In this place) 37 Yrs	c. CITY OR TOWN Joplin
d. FULL NAME OF HOSPITAL OR INSTITUTION 427 North Byers Ave		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) 427 N. Byers Ave.,	

3. NAME OF DECEASED (Type or Print) Leonard	a. (First)	b. (Middle) A.	c. (Last) Vaughn	4. DATE OF DEATH (Month) (Day) (Year) Oct 5, 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 July 31, 1889	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mgr. Pigment Div.	10b. KIND OF BUSINESS OR INDUSTRY Eagle-Picher Co	11. BIRTHPLACE (City and State or Foreign Country) Harrisonville, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME Myron C. Vaughn	13b. MOTHER'S MAIDEN NAME Betty Belle Atkinson	14. NAME OF HUSBAND OR WIFE Nell Vaughn
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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. 491-01-1244	17. INFORMANT'S SIGNATURE OR NAME Richard Vaughn	ADDRESS St Louis, Mo
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary heart disease		INTERVAL BETWEEN ONSET AND DEATH
	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. Carcinoma of the prostate		

19a. DATE OF OPERATION August, 1954	19b. MAJOR FINDINGS OF OPERATION Carcinoma of the prostate	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) 1201 H
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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 Oct. 5, 1954, to _____, 19____, that I last saw the deceased alive on Oct. 4, 1954, and that death occurred at 9:30A m., from the causes and on the date stated above.

23a. SIGNATURE <i>Richard Vaughn</i>	(Degree or title)	23b. ADDRESS First National Building, Joplin, Mo.	23c. DATE SIGNED 10-7-54
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24a. BURIAL CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-7-1954	24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery	24d. LOCATION (City, town, or county) (State) Webb City, Missouri
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DATE REC'D BY LOCAL REG. 10-12-54	REGISTRAR'S SIGNATURE <i>James S. James</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Thornhill-Dillon Mort.</i>	ADDRESS Joplin, Missouri
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Filed UCL 10 1954

OCT 25 1954

OCT 27 1954

JAN 17 1957

MAR 21 1958

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 *David Wilson*.....

Licensed Embalmer No. 389

P. O. Address *Applia W*.....

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.