

BIRTH NO. _____		REG. DIST. NO. <u>177</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>229</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>Manchester</u>		c. LENGTH OF STAY (In this place) <u>2 YEARS</u>		c. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>St. Louis</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Manchester Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>4101 Magnolia Ave.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clarence</u> b. (Middle) _____ c. (Last) <u>Vaughan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 24, 1954</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 20, 1870</u>		9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 MTH. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Terminal R.R.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Richmond, Virginia</u>		12. COUNTRY OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George D. Vaughan</u>			13b. MOTHER'S MAIDEN NAME <u>Ella Spotswood</u>			14. NAME OF HUSBAND OR WIFE <u>Kathryn Vaughan</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If res. gives year or date of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Kathryn Vaughan, 4101 Magnolia 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, ashenia, 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) <u>Acute Cardiac dilatation</u>						<u>1 day</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chr. Myocarditis</u>						<u>2 yrs</u>	
DUE TO (c) <u>Chr. generalized arteriosclerosis</u>						<u>2 yrs</u>	
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 <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) <u>4221</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____		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>9/26</u> , 19 <u>54</u> , to <u>11/24</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>11/23</u> , 19 <u>54</u> , and that death occurred at <u>2:04 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Death or title) <u>[Signature]</u>				23b. ADDRESS <u>Kirkwood, Mo</u>		23c. DATE SIGNED <u>11/26/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11/27/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery, St. Louis Co., Mo.</u>		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. <u>11/26/54</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>PROVOST UND. CO., 3710 No. Grand Bl</u>			

109-10

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

Stanley H. Dixon

Licensed Embalmer No. _____

4193

P. O. Address _____

St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.