

FILED JUL 10 1957

STANDARD CERTIFICATE OF DEATH

757 021752
State File No.

BIRTH NO. _____		REG. DIST. NO. <u>181</u>		PRIMARY REG. DIST. NO. <u>4295</u> Registrar's No. <u>31</u>		
1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Whiteside</u>		c. LENGTH OF STAY (in this place) c. CITY OR TOWN <u>Whiteside</u>	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 <u>Residence</u>			e. STREET ADDRESS (If rural, give location) <u>0570</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Roscoe</u>		b. (Middle) _____		c. (Last) <u>Vaughn</u>		
4. DATE OF DEATH (Month) (Day) (Year) <u>June 23, 1957</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Nevermarried</u>		8. DATE OF BIRTH <u>June 11, 1888</u>		9. AGE (In years) (Last birthday) <u>69</u> IF UNDER 1 YEAR Months <u>0</u> Days <u>12</u> IF UNDER 12 HRS. Hours <u>0</u> Min. <u>0</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lincoln County Missouri</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>John Vaughn</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		
14. NAME OF HUSBAND OR WIFE <u>Not Married</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>none</u>		
17. INFORMANT'S SIGNATURE OR NAME <u>Glenn Vaughn</u>		ADDRESS <u>Whiteside, Missouri</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>mitral Regurgitation</u> ANTECEDENT CAUSES <u>Chronic Asthma</u> 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. <u>Arteriosclerosis</u>			INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>2</u> 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>Whiteside, Missouri</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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>June 12, 1956</u> to <u>June 20, 1957</u> , that I last saw the deceased alive on <u>June 15, 1957</u> , and that death occurred at <u>8 A.M.</u> , from the causes and on the date stated above.						
23a. SIGNATURE <u>R. M. Penn. M. D.</u>		(Degree or title)		23b. ADDRESS <u>Siles mo.</u>		
23c. DATE SIGNED <u>June 23, 1957</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/25/1957</u>		
24c. NAME OF CEMETERY OR CREMATORY <u>Star Hope Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Elsberry, Lincoln, Missouri</u>				
DATE REC'D BY LOCAL REG. <u>7/9/57</u>		REGISTRAR'S SIGNATURE <u>Mrs. Clarence Kinty Clifton</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Elsbury, Mo</u>		
				ADDRESS		

(Licensed Embalmer's Statement on Reverse Side)

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

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 *June 23-1957* Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Clifton Miller*
Licensed Embalmer No. *33*
P. O. Address *Edsberry,*

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.