

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 027398
State File No.

FILED SEP 11 1957

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 210

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u>		b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico</u>		c. CITY OR TOWN <u>Wellsville</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (In this place)		f. STREET ADDRESS (If rural, give location) <u>07th</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Audrain County Hosp</u>					

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>BESSIE</u>	b. (Middle) <u>VAUGHAN</u>	c. (Last) <u>HARVEY</u>	(Month) <u>Sept</u>	(Day) <u>2</u>	(Year) <u>1957</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>AUG 27 1875</u>	9. AGE (In years last birthday) <u>82</u>	f. UNDER 1 YEAR Months <u>0</u> Days <u>5</u> Hours <u>5</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>ODIN - Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John VAUGHAN</u>	13b. MOTHER'S MAIDEN NAME <u>ISABELLE Peters</u>	14. NAME OF HUSBAND OR WIFE <u>Doc -</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs K. E. MORSE</u>	ADDRESS <u>Wellsville Mo.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Instantaneous</u> <u>3 weeks</u> <u>3 years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arricular fibrillation</u>		
	DUE TO (c) <u>Coronary Artery disease</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? <u>2</u> 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 Aug 27, 1957, to Sept 2, 1957, that I last saw the deceased alive on Sept 1, 1957, and that death occurred at 5:15 A. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. D. Swan</u>	23b. ADDRESS <u>1907 Grand, Mo.</u>	23c. DATE SIGNED <u>9-2-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Sept 3 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>East Lawn Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Salem - Illinois</u>
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DATE REC'D BY LOCAL REG. <u>Sept 3 1957</u>	REGISTRAR'S SIGNATURE <u>Blanche Neely</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wells Funeral Home</u>	ADDRESS <u>Wellsville, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 25 1957

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 *Robert J. McDonald*

Licensed Embalmer No. *4825*

P. O. Address *Wellsville*

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.