

Health, Welfare & Public Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-005921  
STATE FILE NUMBER 865

FILED MAR 10 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

300  
-57

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>2905 Forest</b>		d. STREET ADDRESS (If outside, give location) <b>2905 Forest Ave.</b>	

3. NAME OF DECEASED (Type or print) First <b>Susie</b> Middle <b>Vaughn</b> Last <b>Vaughn</b>			4. DATE OF DEATH Month <b>Feb.</b> Day <b>11</b> Year <b>1958</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Col.</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>December 12, 1885</b>	9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Day work</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Pvt. Families</b>	11. BIRTHPLACE (City and state or country) <b>Monroe County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>

13a. FATHER'S NAME <b>Levi Hailey</b>		13b. MOTHER'S MAIDEN NAME <b>Kate (Unknown)</b>		14. NAME OF HUSBAND OR WIFE <b>Robert Vaughn</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>488-36-3007</b>		17. INFORMANT Address <b>Mr. Mark Warfield, 2200 Benton Blvd.</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Vascular Accident</b>			INTERVAL BETWEEN ONSET AND DEATH <b>33 1/2</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.			20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		

20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <b>Kansas City</b>		20g. STATE <b>Kansas</b>	
21. I attended the deceased from <b>7:30 am 2/5/58</b> , to <b>2/11/58</b> and last saw her alive on <b>2/11/58</b> . Death occurred on <b>2/11/58</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>D. Daigle, M.D.</b> (Degree or title)			22b. ADDRESS <b>2122 Truman Rd</b>		22c. DATE SIGNED <b>2/14/58</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>2/20/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mount Calvary</b>		23d. LOCATION (City, town, or country) (State) <b>Kansas City, Kansas</b>	
24. FUNERAL DIRECTOR <b>Bedeaux Appleton &amp; Jones, K.C., Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>2-17-58</b>		26. REGISTRAR'S SIGNATURE <b>Irene Marshall</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

I. S. Daigle



**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 Consuelo Alejandra B. B.

Licensed Embalmer No. 4944

P. O. Address K. C. Mo.

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.