

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044466
STATE FILE NUMBER
REGISTRAR'S NO. 5862

FILED DEC 30 1958

Registration District No. 149 Primary Registration District No. 1002

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1-57

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| 1. PLACE OF DEATH a. COUNTY JACKSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Wheatley Hospital INSTITUTION | | Length of stay in lb 9 mons | d. STREET ADDRESS 1112 E. 24th St. (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First GEORGE Middle ARMSTEAD Last VAUGHN | | | 4. DATE OF DEATH Month 12 Day 9 Year 58 | | |
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| 5. SEX male | 6. COLOR OR RACE Negro | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH March 12, 1892 | 9. AGE (In years at birthday) 66 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired) retired | 10b. KIND OF BUSINESS OR INDUSTRY laborer | 11. BIRTHPLACE (City and state or country) Guthrie, Mo. | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Armstead Vaughn | 13b. MOTHER'S MAIDEN NAME Annie E. Vaughn | 14. NAME OF HUSBAND OR WIFE none |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no | 16. SOCIAL SECURITY NO. - | 17. INFORMANT Myrtle Williams Address 2431 Forest |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia | | INTERVAL BETWEEN ONSET AND DEATH 3 |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Cerebral thrombosis | 13 days? |
| | DUE TO (c) Arterial Hypertension | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 3 1/2 * | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 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.) |
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| 20c. TIME OF INJURY Hour a.m. p.m. | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | COUNTY | STATE |
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| 21. I attended the deceased from November 13, 1958 , to December 9, 1958 and last saw him alive on December 9, 1958 Death occurred at 8:30 A. M. m on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE George H. Taft, M.D. (Degree or title) | 22b. ADDRESS 2204 East 18th Street, Kansas City, Missouri | 22c. DATE SIGNED 12/10/58 |
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| 23a. BURIAL, CREMATION, REMOVAL Removal | 23b. DATE 12-12-58 | 23c. NAME OF CEMETERY OR CREMATORY Southside | 23d. LOCATION (City, town, or country) Fulton, Mo. (State) |
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| 24. FUNERAL DIRECTOR Watkins Bros. Fu. Home 18th Benton ADDRESS | 25. DATE RECD. BY LOCAL REG. 12-11-58 | 26. REGISTRAR'S SIGNATURE Wes Marshall |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
All diseases in Part I must be causally related.
George H. Taft

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 *Bruce P. Watkins*

Licensed Embalmer No. *4500*
P. O. Address *18th Barton*

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.

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