

Dr. P. Morton

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-005226  
STATE FILE NUMBER

MAR 16 1959 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 260

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>MARIES</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>SPRINGFIELD</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>RURAL, S. MILLER</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>MERCY HOSP.</b>		Length of stay in 1b <b>1 WEEK</b>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED First Middle Last (Type or print) <b>CHARLES HOOD VAUGHAN</b>			4. DATE OF DEATH Month Day Year <b>MARCH 9 1959</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>JUNE 15 1897</b>
9. AGE (In years last birthday) <b>61</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED CARPENTER</b>	11. BIRTHPLACE (City and state or country) <b>PULASKI COUNTY, MO.</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>RICHARD VAUGHAN</b>	13b. MOTHER'S MAIDEN NAME <b>MARY CRISON</b>
14. NAME OF HUSBAND OR WIFE <b>CHARLISE VAUGHAN (DEC.)</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, NO unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>?</b>
17. INFORMANT <b>MRS. EDGAR BLANTON, DIXON, MO.</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>Carcinomatosis</b>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Bronchogenic Carcinoma.</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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <b>6 mo</b>	
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.) <b>1621</b>	
20c. TIME OF INJURY Hour Month, Day, Year 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	
21. I attended the deceased from <b>2-14-59</b> to <b>3-9-59</b> and last saw her/him alive on <b>3-9-59</b> Death occurred at <b>6:07 a.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Name or title) <b>Paul O. Morton M.D.</b>	
22b. ADDRESS <b>1630 N. Jefferson, Springfield, MO</b>		22c. DATE SIGNED <b>3-10-59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>3/11/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>CRISON CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>MARIES COUNTY, MO.</b>
24. FUNERAL DIRECTOR ADDRESS <b>H.H. LOHMEYER SPRINGFIELD, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>3-11-59</b>	26. REGISTRAR'S SIGNATURE <b>Effie G. Melton</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

doctor, coroner, etc.; must use only standard nomenclature in items 18. No symptoms will be listed. All diseases in Part I must be causally related.

**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 *W. A. McCombs* .....

Licensed Embalmer No. *2727* .....

P. O. Address *Springfield, 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.