

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 17 1959

59-029470

STATE FILE NUMBER

Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 182

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 Rural Prairie		c. CITY OR TOWN Independence	
Length of stay in 1b 2 weeks		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jackson County Hosp.		d. STREET ADDRESS (If outside, give location) 207 East Walnut	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Samuel Middle S Last Vaughn			4. DATE OF DEATH Month August Day 9 Year 1959		
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/8/1886	9. AGE (last birthday) 73	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and state or country) Wellington Kansas	
13a. FATHER'S NAME Joe Vaughn		13b. MOTHER'S MAIDEN NAME Sarah Harris		14. NAME OF HUSBAND OR WIFE Florence Vaughn	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 496 09 85434		17. INFORMANT Address 207 E Walnut Independence Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) *Arteriosclerotic heart disease*
 DUE TO (b) *Generalized arteriosclerosis*
 DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.	Month, Day, Year _____			
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 7-26-59 to 8-9-59 and last saw ^{her}/_{him} alive on 8-9-59

Death occurred at 6:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Philip Japer M.D.</i>		22b. ADDRESS <i>Lee's Summit Mo</i>		22c. DATE SIGNED 8/10/59
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 8/11/59	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cem.	23d. LOCATION (City, town, or county) (State) Oak Grove Missouri	
24. FUNERAL DIRECTOR ADDRESS Webb Funeral Home Oak Grove Mo.		25. DATE RECD. BY LOCAL REG. 8/11/59		26. REGISTRAR'S SIGNATURE <i>W. Longford</i>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

