

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS FEB 3 1960

-60-002910

STATE FILE NUMBER

Registration District No. 291 Primary Registration District No. _____ Registrar's No. 5

1. PLACE OF DEATH a. COUNTY Putnam			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Putnam			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Unionville		Length of stay in 1b 4 yrs.	c. CITY OR TOWN Unionville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION city		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) city		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Georgia Middle B. Last Vaughn			4. DATE OF DEATH Jan. 27, 60 Year 1960			
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2-16-86	9. AGE (last birthday) 73 IF UNDER 1 YEAR IF UNDER 24 HR Months 11 Days 11 Hours 11 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired teacher		10b. KIND OF BUSINESS OR INDUSTRY school		11. BIRTHPLACE (City and state or country) Perry, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME A. M. Vaughn		13b. MOTHER'S MAIDEN NAME Marcena Brown		14. NAME OF HUSBAND OR WIFE none		
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. none	17. INFORMANT Address Eda Fitzgerald-Unionville, 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) Chronic Myocarditis. 2nd DUE TO (b) Myocardial degeneration DUE TO (c) Engorgement. Failing compensation 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					INTERVAL BETWEEN ONSET AND DEATH 7	
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 checked="" 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 Jan. 24, 1960 to Jan. 27, 1960 and last saw her/him alive on Jan. 26, 60 Death occurred at 2. A.M. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) D. W. Gilman D.D.			22b. ADDRESS Unionville, MO		22c. DATE SIGNED 1/28/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1-28-60	23c. NAME OF CEMETERY OR CREMATORY St. Joes Cem.	23d. LOCATION (City, town, or county) Louroe City, Mo.			
24. FUNERAL DIRECTOR ADDRESS F.O. Husted & Son-Unionville, Mo.		25. DATE RECD. BY LOCAL REG. 1-28-60	26. REGISTRAR'S SIGNATURE Marvill D. ...			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS DEC 2 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Murl E. Husted

Licensed Embalmer No. 3305

P. O. Address Amouille

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.