

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-018697

UNDEED

FILED VS MAY 23 1960

Registration District No. 65 Primary Registration District No. 4122 Registrar's No. 33

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Chariton</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Dalton</u>		Length of stay in 1b <u>50-Years</u>		c. CITY OR TOWN <u>Dalton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Dalton, Mo.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) <u>Dalton, No Street Address</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>Martha</u> Middle <u></u> Last <u>Vaughan</u>				4. DATE OF DEATH Month <u>May</u> Day <u>16th</u> Year <u>1960</u>									
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Black</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Nov. 1st, 1864</u>		9. AGE (last birthday) <u>95</u>		IF UNDER 1 YEAR Months <u></u> Days <u></u>		IF UNDER 24 HR Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (City and state or country) <u>Dalton</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>					
13a. FATHER'S NAME <u>Abraham Moore</u>				13b. MOTHER'S MAIDEN NAME <u>Jane Moore</u>				14. NAME OF HUSBAND OR WIFE <u>Benjamin Vaughan</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Address <u>Viola Farmer, Dalton, Mo.</u>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary heart disease Thrombotic 5 or 6 days</u> DUE TO (b) <u>Arteriosclerosis Hypertensive heart 3 yrs former disease</u> DUE TO (c) <u>Senile debility</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u>			
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			
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 <u></u> Month, Day, Year <u></u> a.m. <u></u> p.m. <u></u>		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 <u>May 16-60</u> to <u>May 16-60</u> and last saw her <u>alive</u> on <u>May 16-60</u> Death occurred at <u>10:00 a.m.</u> <u>?</u> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>Grover C. Rice MD</u> (Degree or title)						22b. ADDRESS <u>Brunswick 940</u>			22c. DATE SIGNED <u>5-18-60</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>May-20th, 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>City Cemetary</u>			23d. LOCATION (City, town, or county) <u>Dalton, Mo.</u>		(State)				
24. FUNERAL DIRECTOR <u>H.D. Gault</u> Address <u>Keytesville, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>May 19</u>		26. REGISTRAR'S SIGNATURE <u>Louie Smith</u>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

*10/15/50*  
*10/15/50*  
*10/15/50*  
*10/15/50*  
*10/15/50*

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 \_\_\_\_\_

Signed *N. D. Grant*

Signature of Student Embalmer

Licensed Embalmer No. *3040*

P. O. Address *Mr. R. R. ...*

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.