

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

LED VS MAY 3 1 1960

=60-019101

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 593

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Atchison</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>		Length of stay in 1b	c. CITY OR TOWN <u>Atchison</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bunge Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>E.</u> Middle <u>Harold</u> Last <u>Vaughan</u>			4. DATE OF DEATH Month <u>May</u> Day <u>20</u> Year <u>1960</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-17-1934</u>	9. AGE (last birthday) <u>25</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Publisher's represent.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Publishing</u>	11. BIRTHPLACE (City and state or country) <u>Atchison, Kansas</u>	12. CITIZEN OF WHAT COUNTRY <u>U S A</u>	
13a. FATHER'S NAME <u>Everett H. Vaughan</u>		13b. MOTHER'S MAIDEN NAME <u>Pauline Cox</u>		14. NAME OF HUSBAND OR WIFE <u>Kathryn 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> <u>none</u>		16. SOCIAL SECURITY NO. <u>513-30-3432</u>	17. INFORMANT Address <u>Kathryn Vaughan, Atchison, Kansas</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>6 months?</u>
IMMEDIATE CAUSE (a) <u>Cor pulmonale</u>		not known
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Pulmonary emphysema</u>	
	DUE TO (c) <u>Poison, severe</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 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 _____ 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 5-13-60 to 5-20-60 and last saw him alive on 5-19-60
Death occurred at 1:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Albert P. Simpson, M.D.</u>		22b. ADDRESS <u>3851 Springfield Med. Bldg, Springfield, Mo.</u>		22c. DATE SIGNED <u>5-24-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>5-20-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Atchison Cemetery</u>	23d. LOCATION (City, town, or county) <u>Atchison</u>	(State) <u>Kansas</u>
24. FUNERAL DIRECTOR ADDRESS <u>Res Rainey, Springfield, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>5-25-60</u>	26. REGISTRAR'S SIGNATURE <u>Effie O. Melton</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

JUN 2 1960

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 Lee Mason

Licensed Embalmer No. 4568

P. O. Address Springfield

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.