

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-042877

FILED VS

NOV 26 1960

Registration District No. 227

Primary Registration District No. 5804

Registrar's No. 39

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY MONROE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY MONROE					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JACKSON		Length of stay in 1b 80 YRS.		c. CITY OR TOWN JACKSON TWP.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1/4 MI. N. OF GOSS, MO.			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1/4 MI. N. OF GOSS, MO.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last ALFRED CLARENCE VAUGHN				4. DATE OF DEATH Month Day Year NOV 24 1960					
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8/15/1880	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months 3 Days 9	IF UNDER 24 HR Hours — Min. —		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER			10b. KIND OF BUSINESS OR INDUSTRY GENERAL FARMING		11. BIRTHPLACE (City and state or country) MONROE, CO. MO.		12. CITIZEN OF WHAT COUNTRY U. S. A.		
13a. FATHER'S NAME W. M. B. VAUGHN			13b. MOTHER'S MAIDEN NAME BETTIE POAGE			14. NAME OF HUSBAND OR WIFE ETHEL 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. YES		17. INFORMANT Address MRS ETHEL VAUGHN PARIS, 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) Coronary Arteriosclerosis							INTERVAL BETWEEN ONSET AND DEATH 5 Days		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (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)			
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 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 Nov 19 to 11/24/60 and last saw ^{them} him alive on 11/24/60 Death occurred at 4: AM on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) E. H. Agnew M.D.				22b. ADDRESS PARIS, MO.				22c. DATE SIGNED 11/24/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 11/25/1960	23c. NAME OF CEMETERY OR CREMATORY WALNUT GROVE		23d. LOCATION (City, town, or county) (State) PARIS, MO.				
24. FUNERAL DIRECTOR ADDRESS E. H. AGNEW PARIS, MO.				25. DATE RECD. BY LOCAL REG. Nov. 24. 1960		26. REGISTRAR'S SIGNATURE F. A. Barnett M.D.			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 E. H. Mignot

Licensed Embalmer No. 4000

P. O. Address Paris, Mo

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.