

ISSUANCE DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-023669

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 117

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

FILED JUN 26 1961

1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Saline					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall		Length of stay in 1b 56 years		c. CITY OR TOWN Marshall		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fitzgibbon hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 719 East Eastwood		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Annie Middle Loys Last Vaughan				4. DATE OF DEATH Month June Day 20th Year 1961					
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7-18-1864		9. AGE (last birthday) 96	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home maker		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (City and state or country) Miami, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME George M. Kieffer			13b. MOTHER'S MAIDEN NAME Susan Ann Davis			14. NAME OF HUSBAND OR WIFE William W. Vaughan			
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 719 East Eastwood Mrs Susan Sturgeon, Marshall, 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) Congestive heart failure DUE TO (b) Hypertensive heart disease DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH		
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 _____ 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 Marshall Saline Mo		
21. I attended the deceased from June 10, 1961 to June 20, 1961 and last saw him/her alive on June 20, 1961 Death occurred at I-30 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>[Signature]</i> (Degree or title)					22b. ADDRESS Marshall Mo -		22c. DATE SIGNED 6-21-61		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-22-1961	23c. NAME OF CEMETERY OR CREMATORY Ridge Park cemetery		23d. LOCATION (City, town, or county) Marshall Missouri		(State)		
24. FUNERAL DIRECTOR Campbell-Lewis, Marshall, Missouri				25. DATE RECD. BY LOCAL REG. 6-21-'61		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

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 _____
Signature of Student Embalmer

Signed *Armed H. Lewis*

Licensed Embalmer No. 4709
P. O. Address Marshall Mo

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.