

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-51-040889

STATE FILE NUMBER

AMENDED

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 149

FILED NOV 27 1961

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Oregon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>West Plains</u>		Length of stay in 1b <u>4 1/2 hours</u>	c. CITY OR TOWN <u>Alton</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>Memorial 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>Ira</u> Middle <u>Eddie</u> Last <u>Vaughn</u>			4. DATE OF DEATH Month <u>Nov.</u> Day <u>13</u> Year <u>1961</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>3-24-1884</u>	9. AGE (last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>13</u> Days <u>13</u>	IF UNDER 24 HR Hours <u>13</u> Min. <u>13</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Minister</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Minister</u>		11. BIRTHPLACE (City and state or country) <u>Myrtle, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Ira Vaughn</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Holdis</u>		14. NAME OF HUSBAND OR WIFE <u>Victoria Harriell</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 <u>Mrs. Ester Bennett, Thayer, Missouri</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) Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH 6 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension

DUE TO (c) Arteriosclerosis

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 ~~feverish~~ there a ~~fever~~ in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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>2:00</u> s.m. <u>P.M.</u> Month, Day, Year <u>13-11-61</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 <u>West Plains, Mo.</u>	COUNTY	STATE
21. I attended the deceased from <u>13-11-61</u> to <u>13-11-61</u> and last saw him <u>alive on 13-11-61</u> Death occurred at <u>2:00 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <u>[Signature]</u>	(Degree or title)	22b. ADDRESS <u>West Plains, Mo.</u>	22c. DATE SIGNED <u>21-11-61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11-15-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>New Salem Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Couch, Missouri</u>
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24. FUNERAL DIRECTOR <u>Carter Funeral Home, Thayer, Missouri</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>11-23-61</u>	26. REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 *Island Carter*

Licensed Embalmer No. 4516

P. O. Address *West Plains*

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.