MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

62-005818
STATE FILE NUMBER

AMENDED

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 89

FILED FEB 20 1962

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Cape Girardeau — Length of stay in 1b: 14 Da.
c. FULL NAME OF HOSPITAL OR INSTITUTION: St. Francis Hosp. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Cape Girardeau
c. CITY OR TOWN: Near White Water — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Mabel Middle: Last: Vaughn
4. DATE OF DEATH: Month: Feb. Day: 6 Year: 1962
5. SEX: ~~M.~~ F
6. COLOR OR RACE: W.
7. Married ☒ Widowed ☐ ~~Never Married~~ Divorced ☐
8. DATE OF BIRTH: Sept. 20 1895
9. AGE (last birthday): 66 — IF UNDER 1 YEAR: Months 5 Days 16 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Keeping House
11. BIRTHPLACE (City and state or country): Near White Water
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Fred Wilfurth
13b. MOTHER'S MAIDEN NAME: Evelin Welty
14. NAME OF HUSBAND OR WIFE: G.E. Vaughn
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: G. E. Vaughn Address: White Water Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 3 mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): (Primary site undetermined).
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 Jan 17, 1962 to Feb 6, 1962 and last saw her alive on Feb 6, 1962
Death occurred at 7: Am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: J. N. Jaeger (Degree or title) M.D.
22b. ADDRESS: Jackson, Mo.
22c. DATE SIGNED: Feb 7, 1962

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2-7-62
23c. NAME OF CEMETERY OR CREMATORY: Zion Methodist
23d. LOCATION (City, town, or county) (State): Near Gordonville Mo.

24. FUNERAL DIRECTOR ADDRESS: Deneke- Laird Jackson Mo.
25. DATE RECD. BY LOCAL REG.: 2-14-1962
26. REGISTRAR'S SIGNATURE: Irene Kaster

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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 R. O. Laird

Licensed Embalmer No. 4538

P. O. Address Jackson, 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.