

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH

STATE FILE NUMBER: **59-063312** CERTIFICATE OF DEATH LOCAL REGISTRATION DISTRICT AND LICENSE NUMBER: **2100-450**

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

1. NAME OF DECEASED—FIRST NAME 595 916-5 DECEDENT PERSONAL DATA X 8154 2112 PLACE OF DEATH	2. MIDDLE NAME R	3. LAST NAME Vaughn	4. DATE OF DEATH—MONTH, DAY, YEAR July-13-59	5. HOUR 4:15 p.m.
6. SEX Male	7. COLOR OR RACE White	8. BIRTHPLACE—STATE OR FOREIGN COUNTRY Ohio	9. DATE OF BIRTH Feb-20-1939	10. AGE (LAST BIRTHDAY) 20 YEARS
11. NAME AND BIRTHPLACE OF FATHER Venson Vaughn unk	12. MAIDEN NAME AND BIRTHPLACE OF MOTHER unknown	13. CITIZEN OF WHAT COUNTRY U.S.A.	14. SOCIAL SECURITY NUMBER	
15. LAST OCCUPATION Soldier	16. SPECIFY REASON HEREIN RECORDED 6 mo	17. NAME OF LAST EMPLOYING COMPANY OR FIRM War Dept U.S.Gov	18. KIND OF INDUSTRY OR BUSINESS U.S. ARMY	
19. PLACE OF DEATH—NAME OF HOSPITAL D.O.A. Marin General Hospital	20. STREET ADDRESS—(GIVE STREET OR RURAL ADDRESS OR LOCATION) 250 BON AIR ROAD	21. LENGTH OF STAY IN HOSPITAL 6 MO	22. LENGTH OF STAY IN CALIFORNIA 6 MO	23. LENGTH OF STAY IN COUNTY 6 MO
24. CITY OR TOWN Greenbrae, SAN RAFAEL	25. COUNTY Marin	26. NAME OF INFORMANT (IF OTHER THAN DECEASED) Contract Officer Leberman	27. ADDRESS OF INFORMANT (IF OTHER THAN LAST USUAL RESIDENCE) Presidio San Francisco S.F.	
28. LAST USUAL RESIDENCE—STREET ADDRESS (GIVE STREET OR RURAL ADDRESS OR LOCATION) 551-Eng. Co. Fort Baker	29. CITY OR TOWN Marin	30. COUNTY Marin	31. STATE Calif	32. ADDRESS OF INFORMANT (IF OTHER THAN LAST USUAL RESIDENCE) Presidio San Francisco
33. PHYSICIAN OR CORONER'S CERTIFICATION 22a. PHYSICIAN OR CORONER'S CERTIFICATION 22b. CORONER'S CERTIFICATION 22c. ADDRESS 22d. DATE SIGNED	34. PHYSICIAN OR CORONER'S CERTIFICATION 22a. PHYSICIAN OR CORONER'S CERTIFICATION 22b. CORONER'S CERTIFICATION 22c. ADDRESS 22d. DATE SIGNED	35. PHYSICIAN OR CORONER'S CERTIFICATION 22a. PHYSICIAN OR CORONER'S CERTIFICATION 22b. CORONER'S CERTIFICATION 22c. ADDRESS 22d. DATE SIGNED	36. PHYSICIAN OR CORONER'S CERTIFICATION 22a. PHYSICIAN OR CORONER'S CERTIFICATION 22b. CORONER'S CERTIFICATION 22c. ADDRESS 22d. DATE SIGNED	37. PHYSICIAN OR CORONER'S CERTIFICATION 22a. PHYSICIAN OR CORONER'S CERTIFICATION 22b. CORONER'S CERTIFICATION 22c. ADDRESS 22d. DATE SIGNED
38. FUNERAL DIRECTOR AND LOCAL REGISTRAR 23. NAME OF FUNERAL DIRECTOR (IF PERSONAL ACTION AS SUCH) Julius Godeau Co S.F.	39. DATE OF OPERATION 7-16-59	40. NAME OF CEMETERY OR CREMATORY Akron Ohio	41. LOCAL REGISTRAR—SIGNATURE Carolyn B. Albracht M.S. S.P.	42. LICENSE NUMBER 2045
43. CAUSE OF DEATH PART I: DEATH WAS CAUSED BY IMMEDIATE CAUSE (GIVE) MULTIPLE TRAUMATIC INJURIES	44. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	45. CAUSE OF DEATH PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A)		
46. OPERATION AND AUTOPSY 31. OPERATION—CHECK ONE 32. DATE OF OPERATION 33. AUTOPSY—CHECK ONE	47. OPERATION AND AUTOPSY 31. OPERATION—CHECK ONE 32. DATE OF OPERATION 33. AUTOPSY—CHECK ONE	48. OPERATION AND AUTOPSY 31. OPERATION—CHECK ONE 32. DATE OF OPERATION 33. AUTOPSY—CHECK ONE	49. OPERATION AND AUTOPSY 31. OPERATION—CHECK ONE 32. DATE OF OPERATION 33. AUTOPSY—CHECK ONE	50. OPERATION AND AUTOPSY 31. OPERATION—CHECK ONE 32. DATE OF OPERATION 33. AUTOPSY—CHECK ONE
51. INJURY INFORMATION 34. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE Accident	52. INJURY INFORMATION 34. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE Motorecycle Auto Collision	53. INJURY INFORMATION 34. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE Motorecycle Auto Collision	54. INJURY INFORMATION 34. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE Motorecycle Auto Collision	55. INJURY INFORMATION 34. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE Motorecycle Auto Collision
56. INJURY INFORMATION 35a. TIME OF INJURY 4:15 P.M. 7 13 1959	57. INJURY INFORMATION 35a. TIME OF INJURY 4:15 P.M. 7 13 1959	58. INJURY INFORMATION 35a. TIME OF INJURY 4:15 P.M. 7 13 1959	59. INJURY INFORMATION 35a. TIME OF INJURY 4:15 P.M. 7 13 1959	60. INJURY INFORMATION 35a. TIME OF INJURY 4:15 P.M. 7 13 1959
61. INJURY INFORMATION 35b. PLACE OF INJURY HIGHWAY ONE	62. INJURY INFORMATION 35b. PLACE OF INJURY HIGHWAY ONE	63. INJURY INFORMATION 35b. PLACE OF INJURY HIGHWAY ONE	64. INJURY INFORMATION 35b. PLACE OF INJURY HIGHWAY ONE	65. INJURY INFORMATION 35b. PLACE OF INJURY HIGHWAY ONE
66. INJURY INFORMATION 35c. CITY, TOWN, OR LOCATION MILL VALLEY	67. INJURY INFORMATION 35c. CITY, TOWN, OR LOCATION MILL VALLEY	68. INJURY INFORMATION 35c. CITY, TOWN, OR LOCATION MILL VALLEY	69. INJURY INFORMATION 35c. CITY, TOWN, OR LOCATION MILL VALLEY	70. INJURY INFORMATION 35c. CITY, TOWN, OR LOCATION MILL VALLEY
71. INJURY INFORMATION 35d. COUNTY Marin	72. INJURY INFORMATION 35d. COUNTY Marin	73. INJURY INFORMATION 35d. COUNTY Marin	74. INJURY INFORMATION 35d. COUNTY Marin	75. INJURY INFORMATION 35d. COUNTY Marin
76. INJURY INFORMATION 35e. STATE Calif	77. INJURY INFORMATION 35e. STATE Calif	78. INJURY INFORMATION 35e. STATE Calif	79. INJURY INFORMATION 35e. STATE Calif	80. INJURY INFORMATION 35e. STATE Calif

This is to certify that this document is a true copy of the official record filed with the Office of Vital Records.

Teresita Trinidad 08 JUL 23 PM 1:40
TERESITA TRINIDAD DATE ISSUED
STATE REGISTRAR OF VITAL RECORDS



This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE