

NOV 10 1960

Reg. Registration District No. 218 Primary Registration District No. 4330 Registrar's No. 45

1. PLACE OF DEATH COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>	
CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>East Prairie, Mo.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>East Prairie, Mo.</u>
FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>East Prairie, Mo.</u>		Length of stay in 1b <u>63 Years</u>	d. STREET ADDRESS (If outside, give location) <u>East Prairie, Mo.</u>
3. NAME OF DECEASED Type or print) <u>Wiley Vaughn</u>		First Middle Last	4. DATE OF DEATH Month Day Year <u>10-10-1960</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> 3 WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>10-24-1896</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Day work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Day work</u>	9. AGE (In years last birthday) <u>63</u>
11. BIRTHPLACE (City and state or country) <u>East Prairie, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Wm Lee Vaughn</u>		13b. MOTHER'S MAIDEN NAME <u>Annie e Sweet</u>	14. NAME OF HUSBAND OR WIFE <u>Divorced</u>
(Yes) AS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT <u>Mae Pritchett East Prairie, Mo.</u>
8. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CORONARY OCCCLUSION</u>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Arteriosclerosis</u>			
DUE TO (c) <u>4201</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
10a. 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.)		
10c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
10d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <u>9-16-60</u> to <u>10-4-60</u> and last saw him alive on <u>10-4-60</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Gordon Stempell</u> 2 (Degree or title)		22b. ADDRESS <u>East Prairie Mo.</u>	22c. DATE SIGNED <u>10/19/60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10-12-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>W.O.W.</u>	23d. LOCATION (City, town, or county) (State) <u>East Prairie, Mo.</u>
24. FUNERAL DIRECTOR <u>Shelby Funeral Home East Prairie, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>10-31-60</u>	26. REGISTRAR'S SIGNATURE <u>Gertrude G. Harpeal</u>

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
by me, or by _____, Student Embaler No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed  _____
Embalmer No. _____

Licensed Embalress _____

P. O. Address _____

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.