

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-044551

FILED VS. DEC. 1 1960 317

Primary Registration District No. 541 Registrar's No. 3231

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>CLAYTON</b>		c. CITY OR TOWN <b>ST. LOUIS</b>	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>COUNTY HOSPITAL D.O.A.</b>		d. STREET ADDRESS (If outside, give location) <b>2842a RUSSELL BLVD.</b>	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <b>THOMAS JEFFERSON VAUGHN</b>			4. DATE OF DEATH Month Day Year <b>NOVEMBER 4, 1960</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>CAUCASIAN</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9/12/1903</b>	9. AGE (last birthday) <b>57</b>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HODCARRIER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>ROBERTSON PLASTERING COMPANY</b>		11. BIRTHPLACE (City and state or country) <b>CAREY, MISSOURI</b>	
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>THOMAS J. VAUGHN</b>		13b. MOTHER'S MAIDEN NAME <b>JULIA ANN LEMMONS</b>	
14. NAME OF HUSBAND OR WIFE <b>JUANITA VAUGHN</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>493-07-3354</b>	
17. INFORMANT <b>MRS. JUANITA VAUGHN</b>		Address		<b>SEE #2</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Multiple injuries consistent with a fall</b>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <b>Fell from 4th floor level of building under construction</b>
20c. TIME OF INJURY <b>1:24 p.m.</b>	Month, Day, Year <b>11/4/60</b>	

20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <b>bank building construction job</b>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>Crestwood St. Louis Missouri</b>
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) <i>Thomas J. Flannery</i> Coroner	22b. ADDRESS <b>Clayton, Mo.</b>	22c. DATE SIGNED <b>11/10/60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>11/7/1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MT. LEBANON CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>ST. LOUIS COUNTY MISSOURI</b>
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24. FUNERAL DIRECTOR ADDRESS <b>HOFFMEISTER COLONIAL MORTUARY 6464 CHIPPEWA STREET, ST. LOUIS, MISSOURI</b>	25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE <b>11-7-60 John C. Murphy</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Eric C. Drannon*

Licensed Embalmer No. 4765

P. O. Address St Louis

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.