

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-022209

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 140

FILED JUN 26 1962

VS 300
Rev. 4/59

0147
3147

3
4 0
5 1
6
7 0
8 1
9 332X
10
11
12 93-0
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) Fulton		Length of stay in 1b 4 Weeks	c. CITY OR TOWN Fulton
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital No. 1		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 512 Bluff Street
3. NAME OF DECEASED (Type or print) First Walter Middle H Last Vaughn		4. DATE OF DEATH Month 6 Day 17 Year 62	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-13-1892
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unemployed Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 69
13a. FATHER'S NAME James Vaughn		13b. MOTHER'S MAIDEN NAME Bertha Cobb	11. BIRTHPLACE (City and state or country) Missouri, Montgomery Co.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unk		16. SOCIAL SECURITY NO. none	12. CITIZEN OF WHAT COUNTRY U.S.
17. INFORMANT State Hospital No. 1, Fulton, Mo.		14. NAME OF HUSBAND OR WIFE Lena Vaughn	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lungs Bronchopneumonia with abscesses			INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) Brain infarcts due to Arteriosclerosis			
DUE TO (c) Bronchopneumonia			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Heart - myocardial infarcts (2) due to arteriosclerosis.			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
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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year			
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	COUNTY STATE
21. Attended the deceased from State Hospital No. 1 5-19-1962 to Missouri, Callaway Co.		Death occurred at 10:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>W. Jackson</i> (Degree or title)		22b. ADDRESS Fulton, Missouri	22c. DATE SIGNED 6/17/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 19, 1962	23c. NAME OF CEMETERY OR CREMATORY Hillcrest	23d. LOCATION (City, town, or county) (State) Fulton Mo
24. FUNERAL DIRECTOR Browning Funeral Home, Fulton, Mo.		25. DATE RECD. BY LOCAL REG. June - 18 - 1962	26. REGISTRAR'S SIGNATURE <i>Margaret Lawrence</i>

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 Denzil C Browning

Licensed Embalmer No. 2724

P. O. Address Fallston, MD

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.