

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-031777

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 207

Primary Registration District No.

Registrar's No. 28

FILED AUG 18 1962

VS 300  
Rev. 4/59

6630

66301

3

4 1

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9260X

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11

1270-2

131-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY Maries

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Rural Boone

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTIONInside Limits  
Yes ☐ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY Maries

c. CITY OR TOWN Rural Boone

Inside Limits  
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)  
Route #1, Meta, Mo.Reside on Farm  
Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)First Middle Last  
Retha Mae Vaughan4. DATE OF DEATH  
Month Day Year  
7 31 19625. SEX  
Female6. COLOR OR RACE  
White7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
12/3/19039. AGE (last birthday)  
58IF 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)  
Housework10b. KIND OF BUSINESS OR INDUSTRY  
Own Home11. BIRTHPLACE (City and state or country)  
Maries County, Mo.12. CITIZEN OF WHAT COUNTRY  
U. S. A.13a. FATHER'S NAME  
Irvin Pendleton13b. MOTHER'S MAIDEN NAME  
Ollie Evans14. NAME OF HUSBAND OR WIFE  
Ray Vaughan15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
No16. SOCIAL SECURITY NO.  
Unknown17. INFORMANT Address  
Route #1  
Mr. Ray Vaughan, Meta, Missouri18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

Immediate

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Coronary sclerosis

DUE TO (c)

Diabetes Mellitus

yes

yes

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 ☐ Unknown19. 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 1962 to 7/31/62 and last saw her alive on 7/28/62.  
Death occurred at 4:32 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Wm. A. Gould DO

22b. ADDRESS

Bertha M

22c. DATE SIGNED

8/1/62

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial23b. DATE  
8/2/196223c. NAME OF CEMETERY OR CREMATORY  
Stokes Cemetery23d. LOCATION (City, town, or county)  
Maries County, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Gilbert Funeral Home, Inc., Dixon, Mo.

25. DATE RECD. BY LOCAL REG.

8-4-1962

26. REGISTRAR'S SIGNATURE

Mozelle Hutchison

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

**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 Maurice E. Schriener

Licensed Embalmer No. 4505

P. O. Address Winston, Mar

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.