

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028429
STATE FILE NUMBER

FILED SEP 3 1958 Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 194

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) OR TOWN Fulton		c. CITY OR TOWN Fulton	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Callaway Hospital		Length of stay in 1b 1 Hour	d. STREET ADDRESS 327 West Eight Street
3. NAME OF DECEASED (Type or print) JAMES EDWIN VAUGHN		4. DATE OF DEATH Month August Day 24th Year 1958	
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH August 3rd 1897
9. AGE (In years not birthdate.) 61	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HRS. Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Harbison Walker, Policeman, & Guard		10b. KIND OF BUSINESS OR INDUSTRY Guthrie Missouri	12. CITIZEN OF WHAT COUNTRY? America
13. FATHER'S NAME Armstad Vaughn		14. MOTHER'S MAIDEN NAME Elizabeth Vaughn	
15. WAS DECEASED EVER IN U. S. ARMY, NAVY, AIR FORCE, OR COAST GUARD? (Yes, no, or unknown) yes (If yes, give year and dates of service) WW I	16. SOCIAL SECURITY NO. 493 07 0740	17. INFORMANT Address Ethel Lee Vaughn, Fulton Missouri	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary sclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Gen. arterio sclerosis DUE TO (c) 4201			INTERVAL BETWEEN ONSET AND DEATH
19a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)		
20c. TIME OF INJURY Hour 6:00 A Month Aug Day 24 Year 1958			
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. I attended the deceased from Aug. 23/58 to Aug 24/58 and last saw him alive on Aug 24/58 Death occurred at 6:00 A m on the date stated above; and to the best of my knowledge, from the cause stated.			
22a. SIGNATURE [Signature] (Degree or title)		22b. ADDRESS Fulton Mo	22c. DATE SIGNED 8-25/58
23a. BURIAL, CREMATION, REMOVAL, OR DISPOSITION Burial	23b. DATE 27 Aug 1958	23c. NAME OF CEMETERY OR CREMATORY Old Richland Cemetery	23d. LOCATION (City, town, or county) (State) Callaway County Missouri
24. FUNERAL DIRECTOR Wallace Funeral Home, Fulton, Mo	ADDRESS	25. DATE RECD. BY LOCAL REG. Aug 25-1958	26. REGISTRAR'S SIGNATURE Maretha Lawrence

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *Arthur R. Moore*.....

Licensed Embalmer No. *49*

P. O. Address *Fulton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.