MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

62-025629
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1849

FILED JUL 2 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 4002
2 4011 2
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: CLAYTON ~~BRENTWOOD~~ MO — Length of stay in 1b: 6 DAYS
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): COUNTY HOSPITAL — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: ST LOUIS
c. CITY OR TOWN: BRENTWOOD MO — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 8755 ROSE — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First John Middle Last Vaughn
4. DATE OF DEATH: Month 6 Day 18 Year 1962
5. SEX: MALE
6. COLOR OR RACE: NEGRO
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 28 JUNE 1910
9. AGE (last birthday): 52 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER
10b. KIND OF BUSINESS OR INDUSTRY: LABORER
11. BIRTHPLACE (City and state or country): COVINGTON TENN
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: JAMES WALKER VAUGHN
13b. MOTHER'S MAIDEN NAME: LAURA BROWN
14. NAME OF HUSBAND OR WIFE: DOROTHY VAUGHN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): YES 7-24-42 to 9-13-45
INFORMANT: Dorothy Vaughn Address: 7470 Washington

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cardiac Arrest, Post operative — INTERVAL BETWEEN ONSET AND DEATH: 5'
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Exploratory Thoracotomy
DUE TO (c): Carcinoma of Esophagus
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 ☐ Unknown

19. 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 6-12-1962, to 6-18-1962 and last saw ~~her~~ him alive on 6-18-1962
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): L. A. Braler M.D.
22b. ADDRESS: 601 S. Brentwood Blvd Clayton 5 Mo
22c. DATE SIGNED: 6-18-62
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6-25-62
23c. NAME OF CEMETERY OR CREMATORY: Jeff-Bks Nat'l Cemetery
23d. LOCATION (City, town, or county) (State): Jeff-Bks Mo
24. FUNERAL DIRECTOR — ADDRESS: T. T. Yandell & Sons 22 Euclid
25. DATE RECD. BY LOCAL REG.: 6-21-62
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(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 me,

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed Theodore P. Sanders

Signature of Student Embalmer

Licensed Embalmer No. 4243

P. O. Address 33 Euclid
Webster Groves Mo

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.