

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-027623

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 160 Primary Registration District No. 559v Registrar's No. 104

STATE FILE NUMBER

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>JEFFERSON</b>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MO.</b> b. COUNTY <b>JEFF.</b>                         |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>RURAL JOACHIM</b>   |   | c. CITY OR TOWN <b>CRYSTAL CITY</b>   |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>MT VIEW N. HOME.</b>   |   | d. STREET ADDRESS (If outside, give location) <b>405 JEFFERSON, ST.</b>   |  |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br><b>JAMES EDWARD VAUGHN</b>  |   | 4. DATE OF DEATH<br>Month Day Year<br><b>7-14-62</b>  |  |
| 5. SEX<br><b>MALE</b>   | 6. COLOR OR RACE<br><b>WHITE</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>5-7-1872</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>RETIRED GLASS WORKER</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>P.P.G. CO.</b>  | 11. BIRTHPLACE (City and state or country)<br><b>JEFFERSON CO, MO.</b>   |
| 13a. FATHER'S NAME<br><b>JOHN VAUGHN</b>  |   | 13b. MOTHER'S MAIDEN NAME<br><b>UNKNOWN</b>   | 14. NAME OF HUSBAND OR WIFE<br><b>HARRIOTT</b>   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year, or dates of service)<br><b>NO</b>   |   | 16. SOCIAL SECURITY NO.   | 17. INFORMANT Address<br><b>RICHARD VAUGHN CRYSTAL CITY, MO.</b>   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Pulmonary emphysema</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>arteriosclerotic heart disease</b><br>DUE TO (c) <b>Generalized arteriosclerosis</b> |   |   | INTERVAL BETWEEN ONSET AND DEATH   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Dall bladder disease</b>  |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" 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<br>Hour a.m. p.m.   | Month, Day, Year  |   |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <b>1942</b> to <b>July 14, 1962</b> and last saw her alive on <b>July 14, 1962</b><br>Death occurred at <b>12:15 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.   |   |   |  |
| 22a. SIGNATURE <b>Zestum Galgar, M.D.</b> (Degree or title)   |   | 22b. ADDRESS <b>Festus, Mo</b>  | 22c. DATE SIGNED <b>9/16/62</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b>  | 23b. DATE<br><b>7-16-62</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>GAMEL CEMETERY</b>   | 23d. LOCATION (City, town, or county) (State)<br><b>FESTUS, MO.</b>  |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>GENTRY R. POLITTE CRYSTAL CITY, MO.</b>  |   | 25. DATE RECD. BY LOCAL REG.<br><b>7-16-62</b>  | 26. REGISTRAR'S SIGNATURE<br><i>[Signature]</i>  |

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON.

**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 *Gearty P. Palitto*

Licensed Embalmer No. 3481

P. O. Address Crystal City - 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.