

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Dr. Co. 63-007878

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 30

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

6781

20781

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED FEB 26 1963	
<p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>Pemiscot</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hayti</u> Length of stay in 1b _____</p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Pemiscot Co. Me. Hosp.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u></p> <p>c. CITY OR TOWN <u>Hayti</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>207 N 1st. St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>3. NAME OF DECEASED (Type or print) First Middle Last <u>Betty Elizabeth VAUGHN</u></p>	<p>4. DATE OF DEATH Month Day Year <u>January 31, 1963</u></p>
<p>5. SEX <u>Female</u></p>	<p>6. COLOR OR RACE <u>White</u></p>
<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>4-18-1871</u></p>
<p>9. AGE (last birthday) <u>91</u></p>	<p>10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u></p>
<p>11. BIRTHPLACE (City and state or country) <u>Mississippi Co. Missouri</u></p>	<p>12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u></p>
<p>13a. FATHER'S NAME <u>Albert Pierce</u></p>	<p>13b. MOTHER'S MAIDEN NAME <u>Mary Jones</u></p>
<p>14. NAME OF HUSBAND OR WIFE <u>Luther Vaughn</u></p>	<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates) <u>No</u></p>
<p>16. INFORMANT <u>Mrs. Bert Williams, 703 E. Lee, Hayti, Mo.</u></p>	<p>17. INTERVAL BETWEEN ONSET AND DEATH</p>
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)</p> <p>PART I. DEATH WAS CAUSED BY:</p> <p>IMMEDIATE CAUSE (a) <u>Arteriosclerotic heart disease</u></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____</p> <p>DUE TO (c) _____</p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not listed to the terminal disease condition given in PART I (a) <u>Acute Gastroenteritis Severity</u></p> <p>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</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>
<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____</p>	
<p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year _____</p>	
<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/></p>	<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____</p>
<p>20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____</p>	
<p>21. I attended the deceased from <u>1946</u> to <u>Jan 31, 1963</u> and last saw her alive on <u>Jan 31, 1963</u></p> <p>Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p>22a. SIGNATURE <u>[Signature]</u> (Degree or title) _____</p>	<p>22b. ADDRESS _____</p>
<p>22c. DATE SIGNED <u>Feb 16, 1963</u></p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u></p>	<p>23b. DATE <u>2-3-63</u></p>
<p>23c. NAME OF CEMETERY OR CREMATORY <u>Matthews Cemetery</u></p>	
<p>23d. LOCATION (City, town, or county) (State) <u>Matthews, Missouri.</u></p>	
<p>24. FUNERAL DIRECTOR <u>John W. German Funeral Home, Hayti, Mo.</u></p>	<p>25. DATE RECD. BY LOCAL REG. <u>2-16-63</u></p>
<p>26. REGISTRAR'S SIGNATURE <u>[Signature]</u></p>	

USE BLACK INK OR TYPEWRITER RIBBON

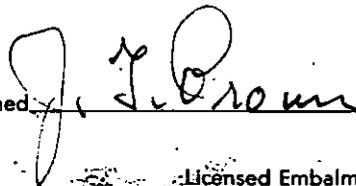
STATEMENT BY LICENSED EMBALMER

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



Licensed Embalmer No. 5206

P. O. Address Hayti, Missouri

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.