

REC'D NOV 23 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

36101
 Do not use this space.

1. PLACE OF DEATH(a) County LACLEDERegistration District No. 449(b) Township OSAGEPrimary Registration District No. 5618

(c) City

(d) Street No.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds.

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAMESARAH VAUGHT(a) Residence, No. OSAGE TWPSt.

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS**3. SEX**F**4. COLOR OR RACE**W**5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)**WIDOW**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**A. J. VAUGHT**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)**DEC 8 1857**7. AGE**801023

If LESS than 1 day, hrs. or min.

OCCUPATION**8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.**HOUSEWIFE**9. Industry or business in which work was done, as saw mill, bank, etc.****10. Date deceased last worked at this occupation (month and year)****11. Total time (years) spent in this occupation****12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**LACLEDE CO MO**FATHER****13. NAME**FRANK RIPPY**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**U. S.**MOTHER****15. MAIDEN NAME**NOT KNOWN**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**|| ||**17. INFORMANT (ADDRESS)**Elliot Ingles
Bellevue Mo.**18. BURIAL, CREMATION, OR REMOVAL**PLACE CROSSROADSDATE NOV 2 1938**19. FUNERAL DIRECTOR (ADDRESS)**PALMERS
LEBANON MO**20. FILED**11-2-1938J. M. McCoub
Local Registrar.**MEDICAL CERTIFICATE OF DEATH****21. DATE OF DEATH (MONTH, DAY, AND YEAR)** OCT 31 1938**22. I HEREBY CERTIFY, That I attended deceased from** Oct. 24, 1938 to Oct. 31, 1938I last saw her alive on Oct. 29, 1938 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

aortic insufficiency

Date of onset

Other contributory causes of importance:

Senility

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Roland E. Gaston D.O.404 (Address) Bellevue, Mo.

RECEIVED

District Health Office No. 7

District File Number 7-38-373

Date Filed 11-10-38

STATEMENT BY LICENSED EMBALMER

I, Bob Palmer, Licensed Embalmer No. 1161

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed Bob Palmer

Licensed Embalmer No. 1161

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.)