

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

23048

Do not use this space.

REGD JUL 6 1939

1. PLACE OF DEATH  
 (a) County Madison Registration District No. 735  
 (b) Township 1 Primary Registration District No. 3034 Registered No. 129  
 (c) City Moberly (d) Street No. Woodland Hospital St.  
 (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 NAME Howard Robert Dennis Vaughan  
 (a) Residence, No. Huntsville Mo. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 4 - 1914

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	24	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. General labor

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) June 26 - '39 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bolivar Mo.

FATHER

13. NAME Euter Vaughan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Huntsville Mo.

MOTHER

15. MAIDEN NAME May Rose Sewile

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charlton Co. Mo.

17. INFORMANT (ADDRESS) R. B. Vaughan  
Clifton Hill Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Prairie Hill, Mo. DATE July 2 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Tom B. Patton  
Huntsville Mo.

20. FILED June 30 1939 Peak Williams  
Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30 1939

22. I HEREBY CERTIFY, That I attended deceased from June 28 1939, to June 30 1939  
 I last saw him alive on June 30 1939. Death is said to have occurred on the date stated above, at 5:30 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Perforated Duodenal Ulcer  
Peritonitis  
 Date of onset June 27 1939

Other contributory causes of importance: 117 lb

Name of operation Perforation closed Date of June 28  
Abdomen drained  
 What test confirmed diagnosis? Operation 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 \_\_\_\_\_, 19\_\_\_\_  
 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? No  
 If so, specify \_\_\_\_\_  
 (Signed) R. D. Street, M. D.  
 (Address) 925 Moberly, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD  
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

88  
6  
3

I X16605

RECEIVED STATE OFFICE  
INDEX CARD RETURNED TO DISTRICT  
DATE 7/16/37

AND FILED STATE  
AND RETURNED TO

---

---

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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Tom B Patton  
Licensed Embalmer No. 3194  
P. O. Address Huntsville

**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 this body is not embalmed, above space should be left blank.**