

43482

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 347

Primary Registration District No. 301P

Registrar's No.

## 1. PLACE OF DEATH:

- (a) County HENRY MO 1  
 (b) City or town CLINTON MO  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: COMMUNITY CLINIC  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether

In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME OLIVAR O VAUGHN 2503. (b) If veteran, name war  3. (c) Social Security No. \_\_\_\_\_4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased JULY 15 1874  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
65 4 8 hr. min.9. Birthplace HANNIBAL MO  
(City, town, or county) (State or foreign country)10. Usual occupation FARMER11. Industry or business 012. Name GARY H VAUGHN13. Birthplace Virginia  
(City, town, or county) (State or foreign country)14. Maiden name MARY E CLARK15. Birthplace Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature \_\_\_\_\_

(b) Address LOWRY CITY MO17. (a) Burial (b) Date thereof 12-13-39  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation HANNIBAL MO18. (a) Signature of funeral director Fred W. McKean(b) Address Clinton MO19. (a) 12-30-39 (b) W. J. K. Hampton  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State MO (b) County St Clair  
 (c) City or town LOWRY CITY  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. R 7th East Lowry  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11<sup>th</sup>  
year 1939 hour 30 minute PM M.21. I hereby certify that I attended the deceased from Nov 30 39  
1939 to Dec 11, 1939  
that I last saw him alive on Nov 11, 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death

Myocarditis  
Thrombosis  
Due to ?Due to ? 430Other conditions  
(Include pregnancy within 3 months of death)Major findings: not doneOf operations not done  
Of autopsy not done

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work \_\_\_\_\_ (Specify type of place)  
(a) Means of injury \_\_\_\_\_  
23. Signature Joseph B. Mill (M. D. or other)  
Address Clinton, Mo Date signed Dec 11, 1939

312 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39  
U. S. G. P. 1938

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.

PHYSICIAN

Underline the cause to which death should be charged statistically

RECEIVED  
District Health Officer No. 7,  
District File Number 1-9-61  
Date Filed 1-9-61

**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

*Fred Wilkerson*

Licensed Embalmer No.

2478

P. O. Address

Clinton Ma

**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.**