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

State File No. 29421
Registrar's No. 23

Registration District No. 87 Primary Registration District No. 5960B

1. PLACE OF DEATH:
(a) County Ralls
(b) City or town Rural Jasper Twp
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days) 7 mo

3. (a) PRINT FULL NAME LEONA FRANCES VAUGHN
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
(b) Name of husband or wife George Naught 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 23 1874 (Month) (Day) (Year)

8. AGE: Years 66 Months 5 Days 12 If less than one day hr. _____ min. _____

9. Birthplace Curryville Mo (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name L. Braudette

13. Birthplace Mo (City, town, or county) (State or foreign country)

14. Maiden name Lena Frances

15. Birthplace Lincoln Co Mo (City, town, or county) (State or foreign country)

16. (a) Informant H. R. Brown
(b) Address Vandalia Mo

17. (a) Burial (b) Date thereof Aug 6 '40 (Month) (Day) (Year)
(c) Place: burial or cremation Curryville Mo

18. (a) Signature of funeral director D. S. Walker
(b) Address Vandalia Mo

19. (a) Aug 5 1940 (b) R. Lee Boyd M.D. (Date recorded local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pike
(c) City or town Curryville Rural (If outside city or town limits, write "RURAL")
(d) Street No. South of Curryville (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4th year 1940 hour 5:30 minute _____ P.M.

21. I hereby certify that I attended the deceased from July 15, 1940, to August 4, 1940, that I last saw her alive on August 4, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Endocarditis Duration 4 days
Acute Diffuse Intestinal Nephritis 2 weeks
Due to Weakened & stopped eating & drinking 9 mo
Causes of stress 4 mo
Due to Causes of stress

Other conditions: _____ (Include pregnancy within 3 months of death)

Major findings: _____ Of operations _____
Of autopsy _____

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)
(e) Means of injury _____

23. Signature Dr. R. R. Marshall (M. D. or other) OO
Address Vandalia Mo Date signed Aug 5 '40

Duration
4 days
2 weeks
9 mo
4 mo

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

FILED SEP 25 1940

RECEIVED

District Health Officer No. 10

District File Number 9-40-1984

Date Filed SEP 18 1940

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 3325

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.