V. S. No. 2
00M—5-43
Rev. 5-17-39
Form I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 30 1947

Registration District No. 77

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 23744

Primary Registration District No. 3016

Registrar's No. 162

1. PLACE OF DEATH:
(a) County: COLE
(b) City or town: JEFFERSON CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. MARYS HOSPT.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days): 1 Day
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: MILLER
(c) City or town: TUSCUMBIA
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location): 1
(e) Citizen of foreign country? (Yes or No):
If yes, name country:

3. (a) PRINT FULL NAME: PATRICK LEE VAUGHN
3. (b) If veteran, name war: NO
3. (c) Social Security No.: NO
4. Sex: MALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: SINGLE
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: July (Month) 15 (Day) 1947 (Year)
8. AGE: Years 0 Months 0 Days 5 If less than one day hr. min.
9. Birthplace: Eldon (City, town, or county) MO. (State or foreign country)
10. Usual occupation:
11. Industry or business:
MOTHER FATHER
12. Name: FAUSTER VAUGHN
13. Birthplace: (City, town, or county) MO. (State or foreign country)
14. Maiden name: Dorthy FLAUGHER
15. Birthplace: (City, town, or county) MO. (State or foreign country)
16. (a) Informant: Fauster Vaughan
(b) Address: Tuscumbia, Mo.
17. (a) ~~Tuscumbia~~ (Burial, cremation, or removal) (b) Date thereof: 7-21-1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Tuscumbia
18. (a) Signature of funeral director: Louis D. Phillips
(b) Address: Eldon
19. (a) 7-20-47 (Date received by registrar) (b) R. C. Darris MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20 year 1947 hour 6 minute 30 p. M.
21. I hereby certify that I attended the deceased from July 14, 1947, to July 20, 1947, that I last saw h. alive on July 20, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death: Interstitial Pneumonitis (1 Next RH Bronchus) — Duration 3 days
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings:
Of operations:
Of autopsy:

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

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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: Ben C. Taylor (M. D. or other) M.D.
Address: Jefferson City Date signed 7-21-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number 4/29/47
Date Filed

**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 ~~Eldon~~ L. D. Phillips, Registered Apprentice No. ....., working under my personal supervision.

Signed Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address Eldon

**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.**