

FILED MAR 19 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 9815

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 83

8  
6  
3

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

1. PLACE OF DEATH:

(a) County... Randolph

(b) City or town... Moberly  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Mo (b) County... Randolph

(c) City or town... Moberly  
(If outside city or town limits, write "RURAL")

(d) Street No. 319 E Reed St.  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country.....

3. (e) PRINT FULL NAME ARON VAUGHN

3. (b) If veteran, name war..... 3. (c) Social Security No. ....

4. Sex... m 5. Color or race... wh 6. (a) Single, widowed, married, divorced... Widowed

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

7. Birth date of deceased... September 5 1881  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... March day... 7  
year... 1948 hour... 9:30 minute... P M.

21. I hereby certify that I attended the deceased from... March 7  
....., 1948, to March 7 1948  
that I last saw h. m alive on March 7 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death... Coronary thrombosis

Duration..... nda

8. AGE:

Years	Months	Days	If less than one day
<u>67</u>	<u>6</u>	<u>2</u>	..... hr. .... min.

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations..... 94X

Of autopsy.....

PHYSICIAN.....

Underline the cause of which death should be charged statistically.

9. Birthplace... Chariton County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation... janitor

11. Industry or business.....

12. Name... Ben Vaughn

13. Birthplace... Chariton County Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name... Martha Petigrew

15. Birthplace... Chariton County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant... Mr. Earnest Vaughn  
(b) Address... Moberly, Missouri

17. (a) burial (b) Date thereof... 3/10/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Huntsville Missouri

18. (a) Signature of funeral director... P. L. Carr  
(b) Address... Moberly Mo

19. (a) mar 10-48 (b) Leah Dillman Soule  
(Date received local registrar) (Registrar's signature)

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... A. S. Bayliff (M. D. or other).....  
Address... Moberly Mo Date signed... 3/8/48

RECEIVED  
District Health Officer No. 10  
District File Number 3-48-520  
Date Filed MAR 17 1948

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

*Robert L. Carr*

Licensed Embalmer No. 3190

P. O. Address Mobile, Mo

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.