

FILED JAN 26 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2675

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 600 Registrar's No. 25

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| 1. PLACE OF DEATH<br>a. COUNTY <b>Randolph</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Rural-Sugar Creek Twp.</b> ) |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Sugar Creek Township</b>                           |  |
| c. LENGTH OF STAY (In this place) <b>29 yrs</b>  |  |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>West of Moberly</b>                                     |  | d. STREET ADDRESS (If rural, give location) <b>West of Moberly 0880</b>  |  |

|                                     |                           |                           |                          |  |
|-------------------------------------|---------------------------|---------------------------|--------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <b>William</b> | b. (Middle) <b>Thomas</b> | c. (Last) <b>Vaughan</b> | 4. DATE OF DEATH (Month) (Day) (Year) <b>January 20 1953</b> |
|-------------------------------------|---------------------------|---------------------------|--------------------------|--|

|                    |                               |   |                                      |   |                             |                             |
|--------------------|-------------------------------|---|--------------------------------------|---|-----------------------------|-----------------------------|
| 5. SEX <b>male</b> | 6. COLOR OR RACE <b>white</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b> | 8. DATE OF BIRTH <b>June 5, 1869</b> | 9. AGE (In years last birthday) <b>83</b> | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
|--------------------|-------------------------------|---|--------------------------------------|---|-----------------------------|-----------------------------|

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|--|--|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farming</b> | 10b. KIND OF BUSINESS OR INDUSTRY <b>farming</b> | 11. BIRTHPLACE (State or foreign country) <b>Randolph County, Missouri</b> | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b> |
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|---|---|--|
| 13a. FATHER'S NAME <b>William Vaughan</b> | 13b. MOTHER'S MAIDEN NAME <b>Mary Mathews</b> | 14. NAME OF HUSBAND OR WIFE <b>Lizzie Hannah Vaughan</b> |
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|---|--|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>none</b> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Lizzie Vaughan, R#2; Moberly, Mo.</b> |
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|---|--|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 day</b><br><b>Months</b> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypostatic Pneumonia.</b>  |  |   |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Chronic Myocarditis</b><br>DUE TO (c) <b>Senility</b> |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |  |   |

|                        |  |  |
|------------------------|--|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <b>4222</b> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|--|--|

|  |  |   |
|--|--|---|
| 21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
|--|--|---|

|  |  |                            |
|--|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|--|--|----------------------------|

22. I hereby certify that I attended the deceased from June 1, 1952, to Jan 20, 1953, that I last saw the deceased alive on Jan 20, 1953, and that death occurred at 2:25 P. m., from the causes and on the date stated above.

|  |                                   |                                 |
|--|-----------------------------------|---------------------------------|
| 23a. SIGNATURE <b>Morris C. Epley</b> (Degree or title) <b>Do.</b> | 23b. ADDRESS <b>Huntsville Mo</b> | 23c. DATE SIGNED <b>1-22-53</b> |
|--|-----------------------------------|---------------------------------|

|   |                            |   |   |
|---|----------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> | 24b. DATE <b>1/23/1953</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Huntsville Cemetery</b> | 24d. LOCATION (City, town, or county) (State) <b>Huntsville, Missouri</b> |
|---|----------------------------|---|---|

|   |  |   |
|---|--|---|
| DATE REC'D BY LOCAL REG. <b>1-23-53</b> | REGISTRAR'S SIGNATURE <b>Leah Williams</b> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Tom B Patton Huntsville</b> |
|---|--|---|

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

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2770

AUG 31 1955

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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer

Signed..... *Tom B Patton* .....

Licensed Embalmer No. *3914* .....

P. O. Address, *Huntsville, Ala* .....

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.