

FILED OCT 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32632**

BIRTH NO. _____ REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **3017** Registrar's No. **107**

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Boonville)		c. LENGTH OF STAY (in this place) 30 Years	c. CITY OR TOWN Boonville
d. FULL NAME OF HOSPITAL OR INSTITUTION At home, 909 Main St.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
STREET ADDRESS		(If rural, give location) 909 Main St.	

3. NAME OF DECEASED (Type or Print)	a. (First) Fannie Belle	b. (Middle) Vaughan	c. (Last) Ford.	4. DATE OF DEATH (Month) (Day) (Year) October 27 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 6th 1860	9. AGE (In years last birthday) 94	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and State or Foreign Country) Cooper County, Missouri.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Aaron Vaughan.	13b. MOTHER'S MAIDEN NAME Mary Jane McFall	14. NAME OF HUSBAND OR WIFE Clarence W. Ford.
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) -----	16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME Mrs. Helen Fiscus, Boonville, Mo.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocarditis		INTERVAL BETWEEN ONSET AND DEATH ?
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		
	DUE TO (c) Fractured shoulder Oct 7, 1955		

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **1940**, to **10-27**, 19**55**, that I last saw the deceased alive on **Oct 17**, 19**55**, and that death occurred at **3:20 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE J. C. Beckett M.D. (Degree or title)	23b. ADDRESS Boonville Mo	23c. DATE SIGNED 10-28-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 29th 1955	24c. NAME OF CEMETERY OR CREMATORY Walnut Grove	24d. LOCATION (City, town, or county) (State) Boonville, Missouri.
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DATE REC'D BY LOCAL REG. 10/28/55	REGISTRAR'S SIGNATURE J. Hooper 381-u	25. FUNERAL DIRECTOR'S SIGNATURE Goodman & Boller, Boonville, Missouri	ADDRESS
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WRITE PLAINLY - USING UNFADING BLACK INK - MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed *William W. Wood*.....

Licensed Embalmer No. 4539

P. O. Address Boonville,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.