

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **33015**

Registration District No. **4335**

Primary Registration District No. **4335**

Registrar's No. **48**

1. PLACE OF DEATH:

(a) County **Monteau**  
(b) City or town **California**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Latham Sanitarium**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 day** (Specify whether  
In this community \_\_\_\_\_  
years, months or days) **23**

3. (a) PRINT FULL NAME **OSCAR B VAUGHT**

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

4. Sex **male** 5. Color or race **white** 6. (a) ~~Single, widowed, married,~~ divorced \_\_\_\_\_

6. (b) Name of husband or wife **Wallie A. Vaught** 6. (c) Age of husband or wife if alive **44** years

7. Birth date of deceased **January, 26, 1889**  
(Month) (Day) (Year)

8. AGE: Years **50** Months **8** Days **2** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Farmer**

11. Industry or business **Farmer**

12. Name **M. C. Vaught**

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

14. Maiden name **Margaret Farver**

15. Birthplace **Indiana**  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Hollie Ann Vaught**  
(b) Address **Lipton, Mo.**

17. (a) **Removal** (b) Date thereof **9/28/39**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Lipton Mo.**

18. (a) Signature of funeral director **J. H. Popejoy**  
(b) Address **Lipton Mo.**

19. (a) **9-29-39** (b) **H. R. Popejoy**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Monteau**  
(c) City or town **Lipton**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **28**  
year **1939** hour **2** minute **25** P. M.

21. I hereby certify that I attended the deceased from **Sept 27**, 19**39**, to **Sept 28**, 19**39**,  
that I last saw him alive on **Sept 28**, 19**39**,  
and that death occurred on the date and hour stated above.

Immediate cause of death **Gastric ulcer, Perforating.**

Due to \_\_\_\_\_  
Due to **117**

Other conditions (Include pregnancy within 8 months of death) \_\_\_\_\_

Major findings: **Perforating Gastric ulcer.**  
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 **L. L. Latham** (M. D. or other) **M.D.**  
Address **California Mo** Date signed **9-28-39**

MARGIN RESERVED FOR BINDING

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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 me

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Jessie E. Richards  
Licensed Embalmer No. 2466  
P. O. Address Septu 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, above space should be left blank.**