

FILED AUG 28 1948

HEALTH DIVISION OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 253883

Registration District No. 8

Primary Registration District No. 5034

Registrar's No. 11

## 1. PLACE OF DEATH:

(a) County AUDRAIN  
 (b) City or town PRAIRIE TWP  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 12 MI. N.E. OF MEXICAMO  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 1/2 MO.  
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME MARTHA JANE VAUGHN

3. (b) If veteran,  name war ✓  
 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE  
 6. (a) Single, widowed, married, divorced WIDOWED  
 6. (b) Name of husband or wife THOMAS M. VAUGHN  
 6. (c) Age of husband or wife if alive ✓ years  
 7. Birth date of deceased OCT. 28 1857  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
90 9 22 ✓ hr. ✓ min.

9. Birthplace AUDRAIN, CO. MO.  
(City, town, or county) (State or foreign country)10. Usual occupation NONE11. Industry or business ✓12. Name JOSEPH T. HOCKER13. Birthplace MONROE CO. MO.  
(City, town, or county) (State or foreign country)14. Maiden name MARGARET BROWNING15. Birthplace VA.  
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Joe Wilson(b) Address Mexico, Mo.17. (a) BURIAL (b) Date thereof 8-23-48  
(Burial, cremation; or removal) (Month) (Day) (Year)(c) Place: burial or cremation WALNUT GROVE18. (a) Signature of funeral director Spud Beahy(b) Address Paris, Mo.19. (a) 8-25-48 (b) Martha J. Keener  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County MONROE  
 (c) City or town PARIS  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. ✓  
 (If rural, give location)  
 (e) Citizen of foreign country? NO (Yes or No)  
 If yes, name country ✓

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 20  
year 1948 hour 5 minute ✓ P.M.21. I hereby certify that I attended the deceased from Aug 1  
1 1940 to 8-20 1948  
that I last saw her alive on Aug 20 8-20 1948  
and that death occurred on the 20 and hour stated above.Immediate cause of death Chronic Myo-Carditis  
Myo-Carditis Duration 2 yrsDue to auto-hemorrhage 70%Due to auto-hemorrhage 70%Other conditions ✓  
(Include pregnancy within 3 months of death)Major findings: 92%  
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? ✓  
(Specify name of place)While at work? ✓ (a) Means of injury ✓23. Signature W. M. Y. Keener (M. D. or other) M.D.Address PARIS, MO. Date signed 8-23-48

MOTHER FATHER

SEP 11 1948

NOV 2 1948

RECEIVED

District Health Officer No.

District File Number 8-48

Date Filed AUG 27 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 E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address PARIS, 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.