

091-22-2 091-00 CERTIFICATE OF DEATH #109 30 79589 STATE FILE NO.

TEXAS DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH a. COUNTY Grayson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Texas b. COUNTY Grayson		
b. CITY OR TOWN (If outside city limits, give precinct no.) Sherman		c. LENGTH OF STAY in l b. 1 week	c. CITY OR TOWN (If outside city limits, give precinct no.) Precinct # 6 - Collinsville		
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Sherman Community Hospital			d. STREET ADDRESS (If rural, give location) 5 miles South East of Collinsville		
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>			e. IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		f. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) (a) First Odessa (b) Middle Vaughn (c) Last			4. DATE OF DEATH Nov. 30, 1971		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH June 24, 1893	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months Days Hours Minutes
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Collinsville, Texas	
12. CITIZEN OF WHAT COUNTRY? USA			13. FATHER'S NAME W. R. Graham		
14. MOTHER'S MAIDEN NAME Sarah Jane Faulkner			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		
16. SOCIAL SECURITY NO. Unk			17. INFORMANT <i>Helen J. Christiansen</i>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) RECORD DEPARTMENT CAUSED BY RECORDED DEC 13 1971 BUREAU OF VITAL STATISTICS					INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Pulmonary Edema					
DUE TO (b) Massive Posterior Myocardial Infarction					
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)		
20c. TIME OF INJURY Hour a.m. p.m. Month Day Year			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)			20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I hereby certify that I attended the deceased from 11-24 19 71 to 11-30 19 71 and last saw the deceased alive on November 30 19 71 . Death occurred at 2:40 A. m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Sam L. Gladney (Degree or title) M.D.			22b. ADDRESS 304 Charlie Dr., Whitesboro, Tex.		22c. DATE SIGNED 12/3/71
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial			23b. DATE Dec. 1, 1971		23c. NAME OF CEMETERY OR CREMATORY Collinsville
23d. LOCATION (City, town, or county) Collinsville, Texas			24. FUNERAL DIRECTOR'S SIGNATURE Richards Funeral Home M H Richards 7690		
25a. REGISTRAR'S FILE NO. 71-435			25b. DATE REC'D BY LOCAL REGISTRAR 12-7-71		25c. REGISTRAR'S SIGNATURE <i>J. Spears</i>

VS-112, REV. 1/58

Texas, Death Certificates, 1903–1982 for Odessa Vaughn

Record Index

Name: Odessa Vaughn
Birth Date: 24 Jun 1893
Birth Place: Collinsville, Texas
Death Date: 30 Nov 1971
Death Place: Sherman, Grayson
Age at Death: 78
Gender: Female
Race: White
Residence: Collinsville, Grayson, Texas
Father: W R Graham
Mother: Sarah Jane Faulkner

Source Information

Record Url: <http://search.ancestry.com/cgi-bin/sse.dll?indiv=1&db=txdeathcerts&h=508103>

Source Information: Ancestry.com. *Texas, Death Certificates, 1903–1982* [database on-line]. Provo, UT, USA: Ancestry.com Operations, Inc., 2013.
Original data: Texas Department of State Health Services. Texas Death Certificates, 1903–1982. iArchives, Orem, Utah.