FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 28 1948

Registration District No. 190

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5635

23431

State File No. 7-48-84

Registrar's No. 87

1. PLACE OF DEATH:
(a) County Laclede
(b) City or town Conway Rural Route #1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Entire life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Laclede 53
(c) City or town Conway Rural Route #1
(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

3. (a) PRINT FULL NAME Joseph William Caffey
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife alpha B. Caffey
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased April (Month) 13 (Day) 1867 (Year)

8. AGE: Years 81 Months 2 Days 15 If less than one day hr. min.

9. Birthplace Laclede County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farming
FATHER
12. Name Stokes Caffey
13. Birthplace Tennessee (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Hershel Caffey
(b) Address Conway, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 (Month) 30 (Day) 1948 (Year)
(c) Place: burial or cremation Bear Thicket Cemetery
18. (a) Signature of funeral director W. Holman
(b) Address Lebanon Mo
19. (a) 7-23-48 (Date received local registrar) (b) Tressie B Lynch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28
year 1948 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from 1-1, 1947 to 6-28, 1948
that I last saw him alive on 6-28, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Oedema of Lungs
Due to Mytral insufficiency
Due to Mytral regurgitation
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause of which death should be charged statistically.

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 type of place)
While at work? (e) Means of injury

23. Signature J W Lindsay (M. D. or other) MD
Address Conway Date signed 7-6-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed W. E. Halman

Licensed Embalmer No. 4107

P. O. Address Box 28 Lebanon

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.