

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 14 1949

State File No. 309

BIRTH NO. <u>2012</u>		REG. DIST. NO. <u>5016</u>		PRIMARY REG. DIST. NO. <u>309</u>		Registrar's No. <u>309</u>	
1. PLACE OF DEATH a. COUNTY <u>Andrew</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Monroe</u>				c. LENGTH OF STAY (in this place) <u>Life</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 miles east Cosby, Mo.</u>				e. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Monroe Township</u>			
				d. STREET ADDRESS (If rural, give location) <u>R. R. #1, Cosby, Mo.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)	
<u>Charles</u>				<u>McCaffrey</u>			
4. DATE OF DEATH		(Month)		(Day)		(Year)	
<u>January 27, 1949</u>							
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 10, 1886</u>	
9. AGE (In years last birthday) <u>62</u>		10. MONTHS <u>6</u>		11. DAYS <u>17</u>		12. IF UNDER 14 Hrs. Min. <u>U.S.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Cosby, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Patrick McCaffrey</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Mary L. McCaffrey</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mary L. Caffrey, Cosby, Mo.</u>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombotic Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1/20/1</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>2</u>			
22. I hereby certify that I attended the deceased from <u>Jan. 27, 1949</u> , to <u>Jan. 27, 1949</u> , that I last saw the deceased alive on <u>April, 1947</u> , and that death occurred at <u>5 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) <u>W. E. Maxwell, D.O.</u>				23b. ADDRESS <u>Savannah, Mo.</u>		23c. DATE SIGNED <u>1/31/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/31/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 3, 1949</u>		REGISTRAR'S SIGNATURE <u>William Sparkes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Heaton Bowman</u>		ADDRESS <u>St. Joseph, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.

Signed James P. Hawkins

Signed _____
Student Embalmer

Licensed Embalmer No. 4536

P. O. Address 314 S. 10th St. Joseph, 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.