.S. No. 300
EV. 10.48

FILED APR 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12862

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 185

49
Schoeber 12
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
c. LENGTH OF STAY (in this place): 52 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Freeman Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
d. STREET ADDRESS (If rural, give location): 1216 Indiana Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Rufus
b. (Middle): A.
c. (Last): McAfee

4. DATE OF DEATH (Month) (Day) (Year): April 16, 1949

5. SEX: Male
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: January 20, 1897
9. AGE (In years last birthday): 52 — IF UNDER 1 YEAR: Months 2, Days 26 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinest
10b. KIND OF BUSINESS OR INDUSTRY: Machine Shop
11. BIRTHPLACE (State or foreign country): Saginaw, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: George McAfee
13b. MOTHER'S MAIDEN NAME: Minnie Anderson
14. NAME OF HUSBAND OR WIFE:

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.:
17. INFORMANT'S SIGNATURE OR NAME: Donald McAfee 1412 E 16th — ADDRESS: Joplin, Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Status Asthmaticus — INTERVAL BETWEEN ONSET AND DEATH: 72 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

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21

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-30, 1949, *to* 4-16, 1949, *that I last saw the deceased alive on* 4-16, 1949, *and that death occurred at* 8:10A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): B Schoeberl MD
23b. ADDRESS: Joplin Mo
23c. DATE SIGNED: 4-18-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 19, 1949
24c. NAME OF CEMETERY OR CREMATORY: Saginaw Cemetery
24d. LOCATION (City, town, or county) (State): Saginaw, Missouri

DATE REC'D BY LOCAL REG.: 4-20-49
REGISTRAR'S SIGNATURE: E. L. James by Dolores Lamphier
25. FUNERAL DIRECTOR'S SIGNATURE: Thornhill-Dillon — ADDRESS: Joplin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

49-4-347

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 Charles E. Frey, Student Embalmer No. 325, working under my personal supervision.

Signed Charles E. Frey
Student Embalmer

Signed Jesse O. Sullivan
Licensed Embalmer No. 4646
P. O. Address Joplin, 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.