

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

No. 300  
10.48

FILED FEB 16 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3041 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Macon</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Macon</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>310 E. Macon</u>		d. STREET ADDRESS (If rural, give location) <u>310 E. Main</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>B.</u> c. (Last) <u>McAfee</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 11, 1950</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>May 12, 1867</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer-Ret.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>John T. McAfee</u>	13b. MOTHER'S MAIDEN NAME <u>Permelia Hawkins</u>	14. NAME OF HUSBAND OR WIFE <u>Josie McAfee</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Robt. Petre</u>	ADDRESS <u>Macon, Mo.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Hypertensive Encephalopathy</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Hypertrophied Prostate</u>		<u>4 years</u>
	DUE TO (b) <u>Prostatic Cystitis</u>		<u>1 1/2 years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>610X</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) <u>Macon Macon Missouri</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1946 to Jan. 11, 1950, that I last saw the deceased alive on Jan. 11, 1950, and that death occurred at 310 E. Macon, from the causes and on the date stated above.

23a. SIGNATURE (Type or Print) <u>W. Carroll</u>	23b. ADDRESS (Give no title) <u>Macon Missouri</u>	23c. DATE SIGNED <u>1/12/50</u>
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24a. BURIAL CREMATION, REMOVAL (Specify)	24b. DATE <u>1/13/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Salem</u>	24d. LOCATION (City, town, or county) (State) <u>Macon Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>2/11/50</u>	REGISTRAR'S SIGNATURE <u>Ruth Mcneely</u>	5. FUNERAL DIRECTOR'S SIGNATURE <u>Albert Skinner</u>	ADDRESS <u>Macon Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 24 1950

RECEIVED 2/14/50  
MACON COUNTY HEALTH DEPARTMENT  
County File No. .... 2/50/27 .....  
Date Filed ..... 2/15/50 .....

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.

Student .....  
Student Embalmer

Signed Albert S. [Signature]

Licensed Embalmer No. 75-1

P. O. Address Macon 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.