

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **27385**
Registrar's No. **410**

FILED SEP 12 1951

BIRTH NO. 53160-51		REG. DIST. NO. _____	PRIMARY REG. DIST. NO. _____	Registrar's No. 410	
1. PLACE OF DEATH a. COUNTY Jasper 0495			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Jasper		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. LENGTH OF STAY (in this place) 3 Dys	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin 0495		
d. FULL NAME OF HOSPITAL OR INSTITUTION Freeman Hospital			d. STREET ADDRESS (If rural, give location) 1216 Indiana 0		
3. NAME OF DECEASED (Type or Print) a. (First) Margaret		b. (Middle) Rose		c. (Last) McAfee	
4. DATE OF DEATH (Month) (Day) (Year) 9-3-1951		5. SEX Female			
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Single		8. DATE OF BIRTH Sept 1, 1951	
9. AGE (In years last birthday) 0		IF UNDER 1 YEAR Months 0 Days 3		IF UNDER 4 WKS. Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY Child		11. BIRTHPLACE (State or foreign country) Joplin, Missouri	
12. CITIZEN OF WHAT COUNTRY U.S.		13a. FATHER'S NAME Donald A. McAfee		13b. MOTHER'S MAIDEN NAME Rose Butler	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Donald McAfee		ADDRESS 1216 Indiana, Joplin			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital obstruction of duodenum		INTERVAL BETWEEN ONSET AND DEATH			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Congenital band at lig. treitz			
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.		Secondary Myocarditis			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		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 Aug 31, 1951 , to 9-3- , 1951, that I last saw the deceased alive on 9-3- , 1951, and that death occurred at 6 A. m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) John E. Burch, M.D.		23b. ADDRESS Frisco Bldg Joplin		23c. DATE SIGNED 9-5-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-5-1951		24c. NAME OF CEMETERY OR CREMATORY Saginaw Cemetery	
24d. LOCATION (City, town, or county) (State) Saginaw, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Ingraham-Dillon Mortuary			
DATE REC'D BY LOCAL REG. 9-6-51		REGISTRAR'S SIGNATURE By Arthur S. Jenkins		ADDRESS Joplin, Mo	

RECEIVED 9-10-51
Jasper County Health Office -
County File Number 51/9/724
Date Filed 9-10-51

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 _____

working under my personal supervision.

Student Embalmer No.

Signed W. H. Addison

Signed.....
Student Embalmer

Licensed Embalmer No. 4770

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.