

FILED NOV 21 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 404111

BIRTH NO. 27671-57 REG. DIST. NO. 336 PRIMARY REG. DIST. NO. 6134 Registrar's No. 143

1. PLACE OF DEATH a. COUNTY <u>Shannon 101 Creek Twp</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Shannon</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Low Wassie</u>		c. LENGTH OF STAY (If this place) <u>WIFE</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Low Wassie (Pike Creek Twp)</u>		d. STREET ADDRESS (If rural, give location) <u>1010 Gen Delivery 0</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>			d. STREET ADDRESS (If rural, give location) <u>1010 Gen Delivery 0</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Brenda</u> b. (Middle) <u>KAY</u> c. (Last) <u>McAfee</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-7-51</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>MAY 14, 1951</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR: Months <u>5</u> Days <u>23</u> IF UNDER 4 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Child</u>	11. BIRTHPLACE (State or foreign country) <u>Van Buren, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Dennis McAfee</u>		13b. MOTHER'S MAIDEN NAME <u>Margie</u>		14. NAME OF HUSBAND OR WIFE <u>Child</u>	
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 ADDRESS <u>Henry McAfee, Low Wassie, 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>Asphyxia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Suffocation by bed clothes</u> DUE TO (c) <u>E9240</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>18</u>				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>101</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY), (STATE) <u>Low Wassie Shannon Mo</u>		
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 <u>May 24, 1951</u> to <u>Oct 31, 1951</u> , that I last saw the deceased alive on <u>Oct 31, 1951</u> , and that death occurred at <u>6:01 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>R.E. Sharp DO</u>			23b. ADDRESS <u>Uniona Mo</u>		23c. DATE SIGNED <u>11-14-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>11-8-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Site Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Carter County, Mo</u>	
DATE REC'D BY LOCAL REG. <u>11-17-51</u>	REGISTRAR'S SIGNATURE <u>Malcolm H. ... 447</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Allen C. ... Van Buren, Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

NOV 20 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

Handwritten scribbles

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.

Handwritten scribbles

Student
Student Embalmer

Signed *Allen C. McQueen*

Licensed Embalmer No. 4543

P. O. Address: Vent. Bureau, Md.

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.