

FILED DEC 10 1951

STANDARD CERTIFICATE OF DEATH

State File No. 40480  
Registrar's No. 189

BIRTH NO. _____		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 3076		Registrar's No. 189	
1. PLACE OF DEATH a. COUNTY <b>Vernon</b> 1082				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Vernon</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>Nevada</b>		c. LENGTH OF STAY (In this place) 6 (township)		c. CITY (If outside corporate limits, write RURAL and give township) <b>Nevada</b> 1082			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Nevada Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>430 South Spring... 2</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIAM</b>		b. (Middle) <b>TAYLOR</b>		c. (Last) <b>McCAFFREE</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>November 21, 1951</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>Wh</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed - 2</b>		8. DATE OF BIRTH <b>April 17, 1907</b>		9. AGE (In years last birthday) 44 if UNDER 1 YEAR Months 7 if UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Lawyer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own office</b>		11. BIRTHPLACE (State or foreign country) <b>Kentucky /</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>William H. McCaffree</b>		13b. MOTHER'S MAIDEN NAME <b>Lavinia Taylor</b>		14. NAME OF HUSBAND OR WIFE <b>Katherine McCaffree; Dec'd.</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Mary McCaffree 430 S. Spring Nevada, Missouri</b>			
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) <b>Atrophic Cirrhosis of the Liver</b>  ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 years</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>5810</b>				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)		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 <b>11-2-1951</b> , to <b>11-21-1951</b> , that I last saw the deceased alive on <b>11-21-1951</b> , and that death occurred at <b>10:45 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>W. B. Dixon Davis, M.D.</b> (Degree or title)				23b. ADDRESS <b>Nevada, Mo.</b>		23c. DATE SIGNED <b>11-22-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Nov. 24, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Newton Burial Park</b>		24d. LOCATION (City, town, or county) (State) <b>Nevada Missouri</b>		
DATE REC'D BY LOCAL REG. <b>11-27-1951</b>		REGISTRAR'S SIGNATURE <b>Anna E. Ferry 45</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Ferry Funeral Home</b>		ADDRESS <b>Nevada Missouri</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MD.

District No. 5 - Springfield

MAR 24 1952

RECEIVED DEC. 3 1951

Dist. File 12-21-3017

Date Filed 12-3-51

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

*H. B. Feun*

Signed.....

Student Embalmer

Licensed Embalmer No. 1760

P. O. Address Nevada MS

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.