

FILED MAR 3 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3893
Registrar's No. 32

BIRTH NO. _____		REG. DIST. NO. 10		PRIMARY REG. DIST. NO. 3002		Registrar's No. 32	
1. PLACE OF DEATH a. COUNTY Audrain				2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) a. STATE Missouri b. COUNTY Audrain			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Vandalia		0041	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION General Hospital				d. STREET ADDRESS (If rural, give location) 415 South Jefferson /			
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Cooper c. (Last) McAfee			4. DATE OF DEATH (Month) (Day) (Year) Feb 21, 1952				
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH Dec 23, 1876	
9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 1 MIN. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Shelby County, Missouri		12. CITIZEN OF WHAT COUNTRY? US
13a. FATHER'S NAME James A. McAfee			13b. MOTHER'S MAIDEN NAME Paulina Kenning		14. NAME OF HUSBAND OR WIFE Bessie M. McAfee		
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. 493-20-8009		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Edward Nation, Vandalia, 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) Chronic Nephritis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prostatic Hypertrophy DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 5 years 5 years
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 610x					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) (Min.)		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 Feb 6, 1952, to Feb 21, 1952, that I last saw the deceased alive on Feb 20, 1952, and that death occurred at 7:30 a. m., from the causes and on the date stated above.							
23a. SIGNATURE H. E. Swan 7 (Degree or title)			23b. ADDRESS 1019 Truck's Inn		23c. DATE SIGNED 2-23-52		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb 23, 1952		24c. NAME OF CEMETERY OR CREMATORY Palmyra Cemetery		24d. LOCATION (City, town, or county) (State) Palmyra, Missouri	
DATE REC'D BY LOCAL REG. Feb 23, 1952		REGISTRAR'S SIGNATURE Blanche Neely		HEALTH DEPARTMENT DIRECTOR'S SIGNATURE W. Waters		ADDRESS Vandalia, Missouri	

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

43
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803 L. Jones

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 Wm. B. Waters

Licensed Embalmer No. 4169

P. O. Address Vandalia 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.