

FILED FEB 4 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2211

State File No.

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 32

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

1. PLACE OF DEATH a. COUNTY <u>Marion</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harrison</u> c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Elizabeth Hospital</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Iowa</u> b. COUNTY <u>Keokuk</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Keokuk</u> <u>8140</u> d. STREET ADDRESS (If rural, give location) <u>721 S. 7th St.</u>		
3. NAME OF DECEASED a. (First) <u>Cornelia</u> b. (Middle) <u>L.</u> c. (Last) <u>McGaffrey</u> (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 28. 1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Sept. 20. 1892</u>	
9. AGE (In years last birthday) <u>60</u> IF UNDER 1 YEAR Days <u>4</u> IF UNDER 24 HRS. Hours Min.		11. BIRTHPLACE (State or foreign country) <u>Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>1</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Black</u>		10b. KIND OF BUSINESS OR INDUSTRY	13a. FATHER'S NAME <u>Cornelius McGaffrey</u>	
13b. MOTHER'S MAIDEN NAME <u>Katherine McCreety</u>		14. NAME OF HUSBAND OR WIFE _____		
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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Pres. Elton 721 57th Keokuk, Iowa</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Carcinomatosis</u> ANTECEDENT CAUSES <u>RA of colon</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>6 weeks</u> <u>8 yrs</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) <u>153X</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>Jan 10, 1953</u> , to <u>Jan 28, 1953</u> , that I last saw the deceased alive on <u>Jan 28, 1953</u> , and that death occurred at <u>10:30 am.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degrees or title) <u>Starrick Nes</u>		23b. ADDRESS <u>Harrison, Mo.</u>	23c. DATE SIGNED <u>1-28-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Jan 28. 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakland</u>	24d. LOCATION (City, town, or county) (State) <u>Keokuk</u> <u>Iowa</u>	
DATE REC'D BY LOCAL REG. <u>1-30-53</u>	REGISTRAR'S SIGNATURE <u>Dr. Em Luke By McCreary</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Michael J. O'Donnell</u>	

RECEIVED FEB 2 1953
MARION CO. HEALTH DEPT.
DATE FILED FEB 2 1953

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 Michael J. O'Connell

Licensed Embalmer No. 3246

P. O. Address Hannibal 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.