

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13185

FILED APR 20 1953

BIRTH NO.

REG. DIST. NO. 13

PRIMARY REG. DIST. NO. 3003

Registrar's No. 37

1. PLACE OF DEATH a. COUNTY Barry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Barry			
b. CITY (If outside corporate limits, write RURAL and give township) Monett		c. LENGTH OF STAY (in this place) 4 months		c. CITY (If outside corporate limits, write RURAL and give township) Monett Mo.		d. STREET ADDRESS (If rural, give location) 501 - 5th St	
d. FULL NAME OF HOSPITAL OR INSTITUTION 501 5th St				d. STREET ADDRESS (If rural, give location) 501 - 5th St			
3. NAME OF DECEASED (Type or Print) a. (First) CATHERINE b. (Middle) CECILIA c. (Last) McCAFFREY			4. DATE OF DEATH (Month) (Day) (Year) April 14 - 1953				
5. SEX F		6. COLOR OR RACE wh		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH July 18, 1880	
9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months 8 Days 26		IF UNDER 24 HRS. Hours Mts. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Philadelphia Pa. U.S.A.	
12. CITIZEN OF WHAT COUNTRY?			13a. FATHER'S NAME Thomas Nolan				
			13b. MOTHER'S MAIDEN NAME Not known		14. NAME OF HUSBAND OR WIFE Hugh J. McCaffrey		
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. 168-20-6737		17. INFORMANT'S SIGNATURE OR NAME Joe McCaffrey Monett 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Arteriosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Ch. arteriosclerotic cardio-vas celar renal disease 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
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201			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 April 14, 1953 , that I last saw the deceased April 14, 1953 and that death occurred at 9:00 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Robert J. Dancy M.D.				23b. ADDRESS Monett Mo		23c. DATE SIGNED Apr. 15, 1953	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE April 17-53		24c. NAME OF CEMETERY OR CREMATORY Holy Cross		24d. LOCATION (City, town, or county) (State) Yeadon Penn.	
DATE REC'D BY LOCAL REG. 4-15-1953		REGISTRAR'S SIGNATURE Alvin Warringer		4675- Wilks Bros		25. FUNERAL DIRECTOR'S SIGNATURE Perce City Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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

Edwin Wilks

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Edwin Wilks

Licensed Embalmer No.

4131

P. O. Address.....

Pine City 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.