

FILED JUN 5 1953

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

17372

State File No.

BIRTH NO. _____ REG. DIST. NO. 67 PRIMARY REG. DIST. NO. 5259 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Christian</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Christian</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Bruner</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Bruner</u>	
c. LENGTH OF STAY (In this place) <u>4 1/2 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Rogersville Mo. R.R.I.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rogersville, Mo. R R # I</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>K</u> c. (Last) <u>McHaffie</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 7. 1953</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 7. 1886</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>					

13a. FATHER'S NAME <u>Simon McHaffie</u>		13b. MOTHER'S MAIDEN NAME <u>Emily Ragsdale</u>		14. NAME OF HUSBAND OR WIFE <u>Lula McHaffie</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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Lula McHaffie, Rogersville, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Acute Myocardial Infarction</u> ANTECEDENT CAUSES Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary A. disease</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 May-6, 1953, to May-7, 1953, that I last saw the deceased alive on May-6, 1953, and that death occurred at 1:30 p.m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Harriet K. Nelson M.D.</u>		23b. ADDRESS <u>Starks, Mo.</u>		23c. DATE SIGNED <u>May 29-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 9-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>McHaffie</u>	
24d. LOCATION (City, town, or county) (State) <u>Christian Mo</u>					

DATE REC'D BY LOCAL REG. <u>June 2-53</u>		REGISTRAR'S SIGNATURE <u>Ermo Jean Hughes</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>T. B. Chaffin Starks, Mo.</u>	
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(Licensed Embellisher's Statement on Reverse Side)

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

0220
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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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark, 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.