

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1863

State File No. ....

FILED FEB 9 1954

BIRTH NO. .... REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5635 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Union</u>	c. LENGTH OF STAY (in this place) <u>88 years</u>	c. CITY OR TOWN <u>Rural - Union</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME</u>		e. STREET ADDRESS (If rural, give location) <u>SW East of Conway, Missouri</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Rebecca</u>	b. (Middle) <u>R</u>	c. (Last) <u>Caffey</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 28 1954</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct 26 1859</u>	9. AGE (In years last birthday) Months Days <u>94</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Perry County Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Mathis Miller</u>	13b. MOTHER'S MAIDEN NAME <u>Barbara Myers</u>	14. NAME OF HUSBAND OR WIFE <u>Thomas J. Caffey</u>
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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. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Robert Caffey Conway Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Film cold</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>480x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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>Conway Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1-24, 1954, to 1-28, 1954, that I last saw the deceased alive on 1-28, 1954, and that death occurred at 12:30 AM., from the causes and on the date stated above.

23a. SIGNATURE <u>W. Rindway</u>	(Degree or title)	23b. ADDRESS <u>Conway Mo.</u>	23c. DATE SIGNED <u>1-30-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-31-1954</u>	24c. NAME OF CEMETERY <u>Happy Home</u>	24d. LOCATION (City, town, or county) (State) <u>Laclede County Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-30-1953</u>	REGISTRAR'S SIGNATURE <u>Hella S. Gray</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>424 Barber-Barto Marshfield, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
No. 48

Received ----- FEB 6 1954 -----  
Eschlede County Health Unit  
File No. ----- 2-54-30 -----  
Date Filed ----- FEB 8 1954 -----

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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 .....  
Signature of Student Embalmer

Signed *Edwin S. Williams* .....

Licensed Embalmer No. *4-605*

P. O. Address *Marsfield*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.