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FILED MAY 20 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17431

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 4485 Registrar's No. 26

1. PLACE OF DEATH
a. COUNTY Scott
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Kelso Twp.
c. LENGTH OF STAY (in this place)
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3 miles east of Illmo, Missouri

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY St. Louis
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis
d. STREET ADDRESS (If rural, give location) 617 Walnut St.

3. NAME OF DECEASED (Type or Print)
a. (First) Ralph b. (Middle) (unknown) c. (Last) Mc Caffery
4. DATE OF DEATH (Month) (Day) (Year) April (30) 1955

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) (unknown) 8. DATE OF BIRTH July 29, 1911 9. AGE (In years last birthday) 43 IF UNDER 1 YEAR Months 9 Days _____ IF UNDER 24 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Elementary Worker 10b. KIND OF BUSINESS OR INDUSTRY C.B. & Q. R.R. Co. 11. BIRTHPLACE (State or foreign country) (unknown) 12. CITIZEN OF WHAT COUNTRY? Unk.

13a. FATHER'S NAME (unknown) 13b. MOTHER'S MAIDEN NAME (unknown) 14. NAME OF HUSBAND OR WIFE (unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) (unknown) 16. SOCIAL SECURITY NO. 489-14-5806 17. INFORMANT'S SIGNATURE OR NAME Fr. Information in billfold ADDRESS _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) probably Drowned.
ANTECEDENT CAUSES In water estimated 30 to 45 da.
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS* Body found under drift in Missis. River near Illmo.
Conditions contributing to the death but not related to the disease or condition causing death.

18. INTERVAL BETWEEN ONSET AND DEATH _____
19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION E9299 42 20. AUTOPSY? YES NO

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) 100

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) ? 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? ?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Helena C. Buehler M.D. Health Officer (Degree or title) 23b. ADDRESS Benton, Mo 23c. DATE SIGNED 5-2-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE April 29, 1955 24c. NAME OF CEMETERY OR CREMATORY Lightner Cemetery 24d. LOCATION (City, town, or county) (State) Illmo, Missouri

DATE REC'D BY LOCAL REG. 5-13-55 REGISTRAR'S SIGNATURE Mrs Paul Brazley Lopez 445 25. FUNERAL DIRECTOR'S SIGNATURE Jack J. Burnett ADDRESS Chaffee, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

DATE RECEIVED MAY 16 1955

SCOTT CO. HEALTH DEPT.

CO. FILE No. 555-104

MAY 16 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{Not} embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Jack J. Burnett

Signed
Student Embalmer

Licensed Embalmer No. 4473

P. O. Address Chaffee, Missouri

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.