S. No. 300
v. 10-48

FILED SEP 19 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30140

BIRTH NO. _____ REG. DIST. NO. #67 PRIMARY REG. DIST. NO. 5259 Registrar's No. 13

1. PLACE OF DEATH
a. COUNTY: CHRISTAN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BRUNEY EAST BENTON
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: CHRISTIAN
c. CITY OR TOWN: BRUNEY
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): 0220

3. NAME OF DECEASED (Type or Print)
a. (First): LAURA
b. (Middle): MAY
c. (Last): MCHAFFIE

4. DATE OF DEATH (Month) 8 (Day) 30 (Year) 1956

5. SEX: F
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 9-15-1879
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): CHRISTIAN COUNTY MO
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: AB WALKER
13b. MOTHER'S MAIDEN NAME: LIZZIE BUYKS
14. NAME OF HUSBAND OR WIFE: D D. MCHAFFIE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: D D MCHAFFIE BRUNEY MISSOURI

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremic Poisoning

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Glomerular, Nephritis
DUE TO (c) Arteriosclerosis

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: 446X
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):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
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* June-2, 1956, *to* Aug. 30, 1956, *that I last saw the deceased alive on* Aug 17, 1956, *and that death occurred at* 8:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dr. Warren W. Wilson D.D.
23b. ADDRESS: Sparta Mo.
23c. DATE SIGNED: Sept. 4-56

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 9/1/1956
24c. NAME OF CEMETERY OR CREMATORY: MCHAFFIE CEMETERY
24d. LOCATION (City, town, or county): BRUNEY (State): MO

DATE REC'D BY LOCAL REG.: Sept. 11.
REGISTRAR'S SIGNATURE: Nannie Day
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Lynn Ferrell Fairland Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

507-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed....Wm K. Ferrell.....

Licensed Embalmer No..4910....

P. O. Address Seymour, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu 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.