

FILED MAR 11 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5653

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>207</u>		PRIMARY REG. DIST. NO. <u>3048</u>		Registrar's No. <u>77</u>			
1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Maryville</u>		c. LENGTH OF STAY (in this place) <u>2 wks</u>		c. CITY OR TOWN <u>Maryville</u> <u>0440</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>1307 N. Main</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u>			b. (Middle) <u>McCaffery</u>		c. (Last) <u>McCaffery</u>				
4. DATE OF DEATH (Month) (Day) (Year) <u>3-1-1957</u>			5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		
8. DATE OF BIRTH <u>Aug 13-1884</u>			9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 Hrs. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most working life, even if retired) <u>ret. hotel operator</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Hotel Management</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>N. Buena Vista, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Mc Caffery</u>			13b. MOTHER'S MAIDEN NAME <u>Emma Mc Braen</u>			14. NAME OF HUSBAND OR WIFE <u>Mrs. Florence Mc Caffery</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. <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Florence McCaffery</u>			ADDRESS <u>Maryville 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrovascular disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2</u>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u>					
				DUE TO (c) <u>general atherosclerosis</u>					
				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			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)		<u>442X</u> <u>Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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 <u>Jan 15, 1955</u> , to <u>Mar 1, 1957</u> , that I last saw the deceased alive on <u>Mar 1, 1957</u> and that death occurred at <u>2:30 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>D. H. Bryant M.D.</u>				23b. ADDRESS <u>Maryville</u>		23c. DATE SIGNED <u>3/3/57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-4-1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Clarinda Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Clarinda Mo.</u>			
DATE REC'D BY LOCAL REG. <u>3-9-57</u>		REGISTRAR'S SIGNATURE <u>Beas Holt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Stinson</u>		ADDRESS <u>Maryville Mo.</u>			

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *G. McAtchison*.....

Licensed Embalmer No... *33*.....

P. O. Address *Marysville,*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.