

FILED NOV 25 1957

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1120

S. 300
ev. 1-57

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) Springfield		c. CITY OR TOWN Springfield	
c. FULL NAME OF (If NOT in hospital, give location) St. John's Hosp		d. STREET ADDRESS (If outside, give location) 1955 Meadowview	
3. NAME OF DECEASED (Type or print) First WILLIAM Middle N. Last CAFFEY		4. DATE OF DEATH Month Nov. Day 18 Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 20 1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Conductor		10b. KIND OF BUSINESS OR INDUSTRY Frisco R.R.	11. BIRTHPLACE (City and state or country) Phillipsburg, Mo.
13a. FATHER'S NAME L.L. Caffey		13b. MOTHER'S MAIDEN NAME Nancy McFarland	14. NAME OF HUSBAND OR WIFE Selma Caffey
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. _____	17. INFORMANT Address Mrs. Selma Caffey Springfield, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Occlusion DUE TO (b) Arterio-Sclerosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201			INTERVAL BETWEEN ONSET AND DEATH 4 hours
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from OCT 1957 to Nov 18, 1957 and last saw her/him alive on OCT 1957 Death occurred at 7 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Mark [unclear] MO</i>		22b. ADDRESS 1715 Boonville Springfield Mo	
		22c. DATE SIGNED 11-18-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/20/57	23c. NAME OF CEMETERY OR CREMATORY Hazelwood
		23d. LOCATION (City, town, or county) (State) Springfield, Mo.	
24. FUNERAL DIRECTOR H.H. Lohmeyer		25. DATE RECD. BY LOCAL REG. 11-19-57	
ADDRESS Springfield, Mo.		26. REGISTRAR'S SIGNATURE <i>Wm. Williams</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

NOV 26 1957

JUL 16 1958

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

Curt

Signed *H. Mc Corm*

Licensed Embalmer No. *2727*

P. O. Address *Springfield*

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.