

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024373

STATE FILE NUMBER

FILED JUN 24 1958 Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 119

S. 300
v. 1-57

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|--|--|--|--|---|---|--|---|---|--|---|-------|----------------------|--|
| 1. PLACE OF DEATH a. COUNTY Vernon | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon | | | | | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN Nevada 10820 | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | | | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Nevada Hospital | | | Length of stay in lb 9 years | | d. STREET ADDRESS (If outside, give location) 337 N. Washington | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | | | |
| 3. NAME OF DECEASED (Type or print) First IAVINIA Middle CLARISSA Last McCAFFREE | | | | 4. DATE OF DEATH Month June Day 13 Year 1958 | | | | | | | | | |
| 5. SEX Fm | | 6. COLOR OR RACE Wh | | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH October 14, 1879 | | 9. AGE (In years last birthday) 78 | | 10. FINDER 1 YEAR Months Days Hours Min. | | 11. IF UNDER 24 HRS. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | | | 10b. KIND OF BUSINESS OR INDUSTRY Own home | | 11. BIRTHPLACE (City and state or country) Montpelier, Kentucky | | | 12. CITIZEN OF WHAT COUNTRY? USA | | | | |
| 13a. FATHER'S NAME Drury A. Taylor | | | | 13b. MOTHER'S MAIDEN NAME Addie Murrell | | | | 14. NAME OF HUSBAND OR WIFE Wm. H. McCaffree | | | | | |
| 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. None | | 17. INFORMANT Mary McCaffree | | | Address Boone Co. Hospital Columbia, Missouri | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Embolism | | | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH see home | | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Phlebotrombosis of left leg | | | | | | | | | | 44 days | | | |
| DUE TO (c) 466X | | | | | | | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized Arteriosclerosis. Bronchial Asthma | | | | | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 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 <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 8-16-55 to 6-13-58 and last saw her ^{her} alive on 6-13-58 Death occurred at 8:05 p.m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | | | | | | | |
| 22a. SIGNATURE (Degree or title) Clara Braxton Davis, M.D. | | | | | | 22b. ADDRESS Nevada, Mo. | | | 22c. DATE SIGNED 6-14-58 | | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE June 16, 1958 | | 23c. NAME OF CEMETERY OR CREMATORY Newton Burial Park | | | | 23d. LOCATION (City, town, or county) (State) Nevada Missouri | | | | | |
| 24. FUNERAL DIRECTOR Ferry Funeral Home, Nevada, Missouri | | | | ADDRESS | | 25. DATE RECD. BY LOCAL REG. 6-20-1958 | | 26. REGISTRAR'S SIGNATURE Arma & Ferris | | | | | |

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.

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 *B. J. Lendley*
Licensed Embalmer No. *4872*
P. O. Address *Canada, 7*

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.