

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-025626
STATE FILE NUMBER

FILED VS JUL 3 0 1959

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 356

S. 300
v. 1-57

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>JOPLIN</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>JOPLIN</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. John's Hosp.</u>		Length of stay in lb <u>14 years</u>	d. STREET ADDRESS (If outside, give location) <u>2917 South Main</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>JAMES PHILLIP McCAFFREY</u>			4. DATE OF DEATH Month Day Year <u>July 22 - 1959</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb. 4, 1892</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Gold Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MINING</u>	9. AGE (In years last birthday) <u>67</u> IF UNDER 1 YEAR Months Days Hours Min.
11. BIRTHPLACE (City and state or country) <u>Lead, South Dakota</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>BERNARD McCAFFREY</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET ANN CARR</u>	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WWI</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT Address <u>Mrs G.R. HARDWICK FLUSHING N.Y.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Pulmonary silico-tuberculosis with emphysema</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Pneumothorax left (2) Chronic Cos. pulmonale OCLX</u>			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 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 <u>May 29, 1956</u> to <u>July 22, 1959</u> and last saw him alive on <u>July 22, 1959</u> Death occurred at <u>12:50 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Salvador P. Heller MD</u> (Degree or title)		22b. ADDRESS <u>304 Medical Art Bldg Joplin, Missouri</u>	
22c. DATE SIGNED <u>7-23-59</u>			
23a. BURIAL, CREMATION, REMOVAL (specify) <u>BURIAL</u>		23b. DATE <u>7-25-1959</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Osborn Memorial</u>		23d. LOCATION (City, town, or county) (State) <u>Joplin Missouri</u>	
24. FUNERAL DIRECTOR <u>Ray L. Derfelt</u> ADDRESS <u>Galena Kan.</u>		25. DATE RECD. BY LOCAL REG. <u>7-24-1959</u>	
26. REGISTRAR'S SIGNATURE <u>Noyce Merriam</u>			

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

Student
Signature of Student Embalmer

Signed *Roy L. Derfelt*

Licensed Embalmer No. *4945*

P. O. Address *Galena Kansas*

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.