

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-049373

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 373 Primary Registration District No. 4574 Registrar's No. 68

FILED DEC 21 1962

VS 300
Rev. 4/59

1/120
2/120

3
4 1
5 2
6
7 0
8 2
9332XF

10
11
12 86-2
13 3-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY WEBSTER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY WEBSTER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN NIANGWA		Length of stay in 1b 3 DAYS	c. CITY OR TOWN NIANGWA RI
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION NIANGWA REST HOME		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 10 MI EAST
3. NAME OF DECEASED (Type, or print) First Middle Last DORTHUA ELIZABETH CAFFEY		4. DATE OF DEATH Month Day Year DEC 10 1962	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-10-1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 82
11. BIRTHPLACE (City and state or country) MISSOURI		12. CITIZEN OF WHAT COUNTRY U.S.A	
13a. FATHER'S NAME FRANK McCLANAHAN		13b. MOTHER'S MAIDEN NAME ANNIE JANE PROCK	14. NAME OF HUSBAND OR WIFE ADON CAFFEY NIANGWA RI
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 ADON CAFFEY NIANGWA RI
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MEYULLARY PARALYSIS DUE TO (b) CEREBRAL THROMBOSIS DUE TO (c) ARTERIO SCLEROSIS Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Swanton of St. Joseph Internal fixation 11/24/62			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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 a.m. p.m. Month, Day, Year		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 11/23/62 to 12/10/62 and last saw her 845 P on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at 12/10/62			
22a. SIGNATURE (Degree or title) [Signature]		22b. ADDRESS Marshallfield, Mo.	22c. DATE SIGNED 12/14/62
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 12-13-1962	23c. NAME OF CEMETERY OR CREMATORY EWREKA	23d. LOCATION (City, town, or county) (State) WEBSTER CO MO
24. FUNERAL DIRECTOR ADDRESS BARBER-EDWARDS MARSHFIELD		25. DATE RECD. BY LOCAL REG. 12-20-62	26. REGISTRAR'S SIGNATURE [Signature]

USE BLACK INK OR TYPEWRITER RIBBON

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 *Georgia Stapp*

Licensed Embalmer No. 9161

P. O. Address *W. H. Stapp*

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.