

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009751
STATE FILE NUMBER

FILED APR 15 1958

Registration District No. 142 Primary Registration District No. 3336 Registrar's No. 16

300
-57
760

1. PLACE OF DEATH a. COUNTY <u>Hawell</u>		2. USUAL RESIDENCE (Where deceased lived. If investigation: Residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Shannon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Goldsberry Tnship</u>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Eminence</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. Francis Hpt.</u>	Length of stay in lb <u>9 days</u>	d. STREET ADDRESS (If outside, give location) <u>Box 177</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Roy</u> Middle <u>Hubert</u> Last <u>McAfee</u>			4. DATE OF DEATH Month <u>April</u> Day <u>3</u> Year <u>1958</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Apr. 17, 1885</u>	9. AGE (In years and months) (at birthday) <u>72</u>	IF UNDER 1 YEAR: Months <u>0</u> Days <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Police</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>city</u>	11. BIRTHPLACE (City and state or country) <u>Arkansas City, Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George McAfee</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Robinson</u>		14. NAME OF HUSBAND OR WIFE <u>Petra McAfee</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes, give date of discharge) <u>yes 1907-1913</u>		16. SOCIAL SECURITY NO. <u>yes</u>	17. INFORMANT Address <u>Petra McAfee, Eminence, Missouri</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 EDEMA</u>		INTERVAL BETWEEN ONSET AND DEATH <u>ACUTE</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>DECOMPENSATION MYOCARDIAL</u>	<u>ACUTE</u>
	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>4222</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.) <u>0</u>	
20c. TIME OF INJURY Hour _____ 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>MARCH 25, 58</u> to <u>APRIL 3, 58</u> and last saw him alive on <u>APRIL 3</u> Death occurred at <u>9:10 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE <u>M.B. Ferguson M.D.</u> (Degree or title)	22b. ADDRESS <u>Willow Springs, Mo.</u>	22c. DATE SIGNED <u>4/2/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>4/6/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn Cemetery</u>
		23d. LOCATION (City, town, or county) (State) <u>Mountain View, Mo.</u>

24. FUNERAL DIRECTOR ADDRESS <u>Duncan Funeral Home Mtn View, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>4/12-58</u>	26. REGISTRAR'S SIGNATURE <u>Laura Mitchell</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc.: must use only standard nomenclature in item 18. All diseases in Part I must be causally related.

JAN 2 1959

JAN 26 1959

MAY 1 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

Signed *Richard A. Gorton*

Licensed Embalmer No. *5029*
P. O. Address *Mt. View, Pa.*

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.