

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37794**

FILED DEC 4 1951

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 542

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Cherokee</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Baxter Spgs. Kans. RFD #3</u>	
c. LENGTH OF STAY (In this place) <u>8 m.</u>		d. STREET ADDRESS (If rural, give location) <u>Route #3 8150</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Treeman Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Bobby</u> b. (Middle) <u>Eugene</u> c. (Last) <u>McAfee</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-30-51</u>		
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Inf.</u>	8. DATE OF BIRTH <u>11-28-51</u>	9. AGE (In years last birthday)	10. IF UNDER 1 YEAR Months <u>—</u> Days <u>—</u>	11. IF UNDER 24 HRS. Hours <u>14</u> Min. <u>—</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Inf.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Inf.</u>		11. BIRTHPLACE (State or foreign country) <u>Baxter Springs Kans.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13a. FATHER'S NAME <u>Geo. E McAfee</u>		13b. MOTHER'S MAIDEN NAME <u>Dorothy F. Crane</u>		14. NAME OF HUSBAND OR WIFE <u>D. E. McAfee (Father)</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war & dates of service) <u>X</u>		16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME (ADDRESS) <u>Geo. E. McAfee Baxter Springs RFD #3</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>congenital abnormality of heart</u> INTERVAL BETWEEN ONSET AND DEATH <u>29 hours</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7544</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 11-28, 1951, to 11-30, 1951, that I last saw the deceased alive on 11-30, 1951, and that death occurred at 2:30 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. Bogan</u> (Degree or title)		23b. ADDRESS <u>Baxter Springs</u>		23c. DATE SIGNED <u>11-30-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>11-30-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Jenny Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Baxter Township Cherokee County Kans.</u>	
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DATE REC'D BY LOCAL REG. <u>11-30-51</u>		REGISTRAR'S SIGNATURE <u>Wm. J. Lemphis</u> 138		25. FUNERAL DIRECTOR'S SIGNATURE <u>Dance Wane</u>		ADDRESS <u>Baxter Spgs. Kans.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

195
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RECEIVED 12-3-51
Jaeger County Health Office
County File Number 51/12/909
Date Filed 12-3-51

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

Wene Funeral Home

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

J. Lane Wene

Licensed Embalmer No. 2880 mo.

P. O. Address Baxter Spgs 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 this body is not embalmed, fact should be so stated above.