

No. 300
10. 48

FILED MAY 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16351

State File No.

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

BIRTH NO. _____		REG. DIST. NO. <u>155</u>		PRIMARY REG. DIST. NO. <u>3127</u>		Registrar's No. <u>94</u>	
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, write RURAL and give township) OR TOWN <u>Webb City</u>		c. LENGTH OF STAY (In this place) <u>54 yr</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webb City</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>722 West Thirds St.</u>				d. STREET ADDRESS (If rural, give location) <u>722 West Third Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edgar</u> b. (Middle) <u>W.</u> c. (Last) <u>McFarland</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 8 1949</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 7, 1860</u>	9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>1</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Dentist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Dentistry</u>		11. BIRTHPLACE (State or foreign country) <u>Greenfield, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John McFarland</u>		13b. MOTHER'S MAIDEN NAME <u>no data</u>		14. NAME OF HUSBAND OR WIFE <u>Ina McFarland</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ina McFarland Webb City, Mo.</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bacterial Endocarditis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u> <u>4:30</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>3-20</u> , 19 <u>49</u> , to <u>May 8</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>5-7</u> , 19 <u>49</u> , and that death occurred at <u>11:30 AM</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Mrs. S. Lawrence</u> <u>D.O.</u>				23b. ADDRESS <u>Webb City Mo</u>		23c. DATE SIGNED <u>5/10/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>May 10, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Webb City, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>MAY 10, 1949</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hedge-Lewis</u>		ADDRESS <u>Webb City, Mo.</u>	

(Licensed Embellisher's Statement on Reverse Side) affairs

Slughter

JAN 28 1951

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
Student Embalmer

Signed *Lennard J. Lewis, Jr.*

Licensed Embalmer No. 4561

P. O. Address Webb City, Mo.

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.