No. 300
10.48

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

FILED OCT 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29413

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 359

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff
c. LENGTH OF STAY (in this place): 25 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Poplar Bluff Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Butler
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff
d. STREET ADDRESS (If rural, give location): 1305 W. Davis

3. NAME OF DECEASED (Type or Print): a. (First) Frenzo b. (Middle) c. (Last) McFarland
4. DATE OF DEATH (Month) (Day) (Year): Sept. 15, 1949
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 29, 1899
9. AGE (In years last birthday): 49 — IF UNDER 1 YEAR: Months 9, Days 16 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Boilermaker
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Paris, Tenn
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: James McFarland
13b. MOTHER'S MAIDEN NAME: Mattie Edgar
14. NAME OF HUSBAND OR WIFE: Gladys
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Gladys McFarland ADDRESS: Popla r Bluff

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis and
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) myocardial degeneration
DUE TO (c) asthma

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.
asthmatic bronchitis
chronic bronchitis

INTERVAL BETWEEN ONSET AND DEATH: H 22 8

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-10, 1949, *to* 9-15, 1949, *that I last saw the deceased alive on* 9-15, 1949, *and that death occurred at* 7 00 m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) MD
23b. ADDRESS: Poplar Bluff, Mo.
23c. DATE SIGNED: 9-21-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 17-49
24c. NAME OF CEMETERY OR CREMATORY: Woodlawn
24d. LOCATION (City, town, or county) (State): Poplar Bluff, Mo

DATE REC'D BY LOCAL REG.: Sept 23, 1949
REGISTRAR'S SIGNATURE: Tom H. Johnson 428
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Greer Croy & Fitch Poplar Bluff Mo.

(Licensed Embalmer's Statement on Reverse Side)

BUTLER COUNTY HEALTH CENTER
POPLAR BLUFF, MISSOURI

949-289

SEP 26 REC'D

NOV 17 1949

FEB 16 1950

OCT 6 1949

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 Wallace N. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, 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.