.S. No. 300
EV. 10-48

FILED SEP 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31533

94

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 327

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Desloge
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 106 5th Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY St. Francois
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Desloge
d. STREET ADDRESS (If rural, give location) 106 5th. Street

3. NAME OF DECEASED (Type or Print) a. (First) Ellis b. (Middle) Leamon c. (Last) Mc. Farland

4. DATE OF DEATH (Month) (Day) (Year) Sept. 6 1949

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Sept. 9, 1895
9. AGE (In years last birthday) 53 IF UNDER 1 YEAR Months 11 Days 27 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mill Foreman
10b. KIND OF BUSINESS OR INDUSTRY Lead Company
11. BIRTHPLACE (State or foreign country) Flat River, Mo.
12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME Ellis Marion Mc. Farland
13b. MOTHER'S MAIDEN NAME Emma French
14. NAME OF HUSBAND OR WIFE Ava Mc. Farland

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. 490-01-5173
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ava Mc. Farland Desloge, Mo.

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

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Acute Coronary embolism	10 min.
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Myocarditis	1 yr.
DUE TO (c)	Cause unknown	
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.		1/20

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* June, 1948, *to* Sept. 6, 1949, *that I last saw the deceased alive on* Sept 5, 1949, *and that death occurred at* 1p *m., from the causes and on the date stated above.*

23a. SIGNATURE J. L. Foster (Degree or title) M.D.
23b. ADDRESS Desloge Mo
23c. DATE SIGNED 9-8-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Sept. 8-49
24c. NAME OF CEMETERY OR CREMATORY St. Fran. Med. Park
24d. LOCATION (City, town, or county) (State) Desloge, Mo.

DATE REC'D BY LOCAL REG. Sept. 8, 1949
REGISTRAR'S SIGNATURE Esther Rudloff
25. FUNERAL DIRECTOR'S SIGNATURE C. Z. Boyer & Son
ADDRESS Desloge Mo

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 1 1950

RECEIVED 9-12-49

District Health Officer No. 4

District File Number 949-1207

Date Filed

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 C. L. Boyer

Licensed Embalmer No. 1671

P. O. Address Desloge, 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.