

FILED MAR 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8180

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 101 PRIMARY REG. DIST. NO. 5344 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY Douglas		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Douglas	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Ava, R, Boone		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ava, Rural, Boone 0340	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) Henry		b. (Middle) C.	
		c. (Last) McFarlin	
4. DATE OF DEATH 3-1-50		(Month) (Day) (Year)	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7-10-83
9. AGE (In years last birthday) 66		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Kentucky		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Hiram McFarlin		13b. MOTHER'S MAIDEN NAME Amanda McFarlin	
14. NAME OF HUSBAND OR WIFE Mert Davis McFarlin			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME V. Wesley H. McFarlin		ADDRESS moline 211	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) heart failure DUE TO (c) hypertension II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		331X	
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)		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 Feb 28 1950, to Feb 29 1950, that I last saw the deceased alive on Feb 28, 1950 and that death occurred at 5:22 A.M., from the causes and on the date stated above.			
23a. SIGNATURE [Signature]		23b. ADDRESS Ava, Mo	
23c. DATE SIGNED 3/3/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-3-50	
24c. NAME OF CEMETERY OR CREMATORY Whites Creek		24d. LOCATION (City, town, or county) (State) Ava, Missouri	
DATE REC'D BY LOCAL REG. 3-18-50		REGISTRAR'S SIGNATURE [Signature]	
25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS [Address]	

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

RECEIVED MAR 20 1950  
District Health Office No. 6,  
District File Number 350-352  
Date Filed 3-21-50

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 Charles R. Fish

Licensed Embalmer No. 4662

P. O. Address Avon, 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.