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FILED FEB 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1946

State File No.

BIRTH NO. _____ REG. DIST. NO. 242 PRIMARY REG. DIST. NO. 4362 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Morehouse</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Morehouse</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Russell J. McFarling</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Russell J.</u> b. (Middle) _____ c. (Last) <u>McFarling</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 7-1951</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept. 2, 1915</u>	9. AGE (In years last birthday) <u>35</u>	IF UNDER 1 YEAR Months _____	IF UNDER 24 HRS. Days _____ Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Morehouse MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Jack McFarling</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Smith</u>	14. NAME OF HUSBAND OR WIFE <u>Dorothy McFarling</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or type of service) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Dorothy McFarling</u> ADDRESS _____
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cirrhosis of Liver</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</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.			<u>5810</u>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	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 1-1, 1950, to 1-7, 1951, that I last saw the deceased alive on 1-7, 1951, and that death occurred at 7:30 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>L. M. Sarno</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Morehouse, Mo.</u>	23c. DATE SIGNED <u>1-12-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-9-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dexter Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Dexter - Stoddard - Mo</u>
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DATE REC'D BY LOCAL REG. <u>1-27-51</u>	REGISTRAR'S SIGNATURE <u>Thomas M. Sheehan</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Orville Baylone</u> ADDRESS <u>Morehouse, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

JAN 30 1951

DISTRICT HEALTH OFFICE No.

W No.

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 William S. Tackett

Licensed Embalmer No. 4661

P. O. Address Shilston, 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.