

FILED MAR 21 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9144

State File No.

530

BIRTH NO. _____		REG. DIST. NO. <u>170</u>		PRIMARY REG. DIST. NO. <u>5635</u>		Registrar's No. <u>438</u>	
1. PLACE OF DEATH a. COUNTY <u>Laclede</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Phillipsburg</u>		c. LENGTH OF STAY (in this place) <u>87</u> y		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Phillipsburg</u> <u>0531</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Phillipsburg</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Benjamin</u> b. (Middle) <u>Franklin</u> c. (Last) <u>McFarland</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb.</u> <u>21</u> , 19 <u>51</u>				
5. SEX <u>M</u> <u>0</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Dec. 20, 1863</u>	
9. AGE (In years last birthday) <u>87</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Laclede Co. Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Benjamin McFarland</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy McMenus</u>		14. NAME OF HUSBAND OR WIFE <u>Emma 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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Julia Thomas, Phillipsburg, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Dystrophia Nephrotica</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Accident by Blast</u> DUE TO (c) <u>Excess Ammonia</u> 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>592X</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) m.		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>Feb. 1, 1951</u> to <u>Feb 21</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Feb. 30</u> , 19 <u>51</u> , and that death occurred at <u>3:15</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W.F. Schmidt MD</u>			23b. ADDRESS <u>Phillipsburg Mo</u>		23c. DATE SIGNED <u>3/12/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 22, '51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Laclede Co., Mo.</u>		
DATE REC'D BY LOCAL REG. <u>3-15-1951</u>		REGISTRAR'S SIGNATURE <u>Hella R. Gray</u> <u>424</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Palmer Lebanon Mo</u>			

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

MAR 19 1951

Received

Wacleda County Health Unit

File No. 3-51-40

Date Filed MAR 19 1951

MAR 20 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 Emmett E. Everett

Licensed Embalmer No. 4748

P. O. Address Em. Lebanon, 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.