

FILED JUL 27 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25861

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 109

1. PLACE OF DEATH a. COUNTY <u>Scott</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) OR TOWN <u>Sikes ton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Tibbourn 0770</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MO DELTA HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
3. NAME OF DECEASED a. (First) <u>Lucy</u> b. (Middle) <u>McFarland</u> c. (Last) <u>McFarland</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 2 - 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>JUNE-15-1891</u>
9. AGE (In years last birthday) <u>54</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>	11. BIRTHPLACE (State or foreign country) <u>TENN.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Albert Johnson</u>	
13b. MOTHER'S MAIDEN NAME <u>unk.</u>		14. NAME OF HUSBAND OR WIFE <u>Willie 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. <u>No.</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Manuella Mayfield</u>		ADDRESS <u>New Madrid Mo.</u>	
18. CAUSE OF DEATH: Enter only one cause per line for (a), (b), and (c). <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) <u>Intestinal Obstruction,</u> ANTECEDENT CAUSES <u>Carcinomatosis</u> DUE TO (b) <u>Perovous cyst adenocarcinoma int.</u> DUE TO (c) <u>(see ant.)</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>48 hrs.</u>		19. DATE OF OPERATION <u>7.2.51</u>	
19b. MAJOR FINDINGS OF OPERATION <u>as above.</u>		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) (Min.)	
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>July 2, 1951</u> , to <u>July 2, 1951</u> , that I last saw the deceased alive on <u>July 2, 1951</u> , and that death occurred at <u>5:10 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Wilson J. Prigmore, MD</u> (Degree or title)		23b. ADDRESS <u>St. Restore, Mo</u>	
23c. DATE SIGNED <u>7-23-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>July 8 - 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sandhill</u>	
24d. LOCATION (City, town, or county) (State) <u>New Madrid Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard Kuntz Co</u> ADDRESS <u>New Madrid Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-16-51</u>		REGISTRAR'S SIGNATURE <u>Mrs. Ella Hunter</u> 421	

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

RECEIVED JUL 23 1951  
SCOTT COUNTY HEALTH CENTER  
CO. FILE NO. 751-15



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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*L. S. Hayworth*

Signed .....  
Student Embalmer

Licensed Embalmer No. 3803

P. O. Address New Madrid, 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.