

Reg. 97062

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35989

State File No.

FILED NOV 2 1951

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3497

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY 8120	
b. CITY (If outside corporate limits, write RURAL and give town) JEFF. BRKS. MO.		c. CITY (If outside corporate limits, write RURAL and give township) EAST ST. LOUIS 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION VET. ADM. HOSP.		d. STREET ADDRESS (If rural, give location) 5703 Westmoreland	

3. NAME OF DECEASED (Type or Print) a. (First) JOHN	b. (Middle) H.	c. (Last) MC FARLAND	4. DATE OF DEATH (Month) (Day) (Year) 10/24/51
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2/17/93	9. AGE (In years last birthday) 58 yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RR Worker, retired	10b. KIND OF BUSINESS OR INDUSTRY L & N R.R.	11. BIRTHPLACE (State or foreign country) Oran, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME George McFarland	13b. MOTHER'S MAIDEN NAME Agatha Heeb	14. NAME OF HUSBAND OR WIFE Laura McFarland
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World I	16. SOCIAL SECURITY NO. Unk.	17. INFORMANT'S SIGNATURE OR NAME V. A. HOSPITAL RECORDS	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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) LOWER NEPHRON NEPHROSIS MULTIPLE SCLEROSIS		INTERVAL BETWEEN ONSET AND DEATH
	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.		

19a. DATE OF OPERATION 10/10/51	19b. MAJOR FINDINGS OF OPERATION BENIGN PROSTATIC HYPERTROPHY	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE	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) VA	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 9/27, 1951, to 10/24, 1951, that I last saw the deceased ~~and that death occurred at 3:30 p.m., from the causes and on the date stated above.~~

23a. SIGNATURE <i>[Signature]</i> (Degree or title) M.D. O	23b. ADDRESS V.A. HOSP. JEFF. BRKS. MO.	23c. DATE SIGNED 10/24/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial Removal	24b. DATE Oct. 28, '51	24c. NAME OF CEMETERY OR CREMATORY Friend Cemetery	24d. LOCATION (City, town, or county) (State) Oran, Missouri
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DATE REC'D BY LOCAL REG. 10-25-51	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i> ADDRESS St. Louis, Ill.
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(Licensed Embalmers' Statement on Reverse Side)

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

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.....

Charles E. Korman

Signed.....

Student Embalmer

Licensed Embalmer No. 486

P. O. Address.....

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.