

02405
APPLIED JAN 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

630

State File No.

BIRTH NO. _____ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 5291 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>I.O.O.F. Hospital Clay</u> b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Liberty Mo</u> c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <u>I.O.O.F. Hospital</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>0480 Buckner 1</u> d. STREET ADDRESS (If rural, give location) <u>Central Street</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Almedia</u> b. (Middle) <u>Price</u> c. (Last) <u>McFarland</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 12. 1952</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Sept. 19. 1865</u>
9. AGE (In years last birthday) <u>86</u> Months <u>3</u> Days <u>23</u>		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>her home work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>housewife</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Samuel Howell</u>		13b. MOTHER'S MAIDEN NAME <u>Pearlina Jane Stephens</u>	14. NAME OF HUSBAND OR WIFE <u>Chas. McFarland</u> died 1911 <u>d- 1948</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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Murel Howell</u> ADDRESS <u>Buckner Missouri</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 INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastases from a melanoma.</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Removed about Dec 10, 1952</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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) <u>190x</u>
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 <u>Jan</u> , 19 <u>52</u> , to <u>Jan. 11-5 19 52</u> , that I last saw the deceased alive on <u>Jan. 11</u> , 19 <u>52</u> , and that death occurred at <u>5:20 AM</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. H. Goodson MD.</u>		23b. ADDRESS <u>Liberty Mo.</u>	23c. DATE SIGNED <u>Jan 12-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>A Burial</u>	24b. DATE <u>Jan. 13. '52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Buckner Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Buckner Mo.</u>
DATE REC'D BY LOCAL REG. <u>Jan 13-19 52</u>	REGISTRAR'S SIGNATURE <u>Minnie Hayes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Verna M. Leppert</u> ADDRESS <u>Buckner</u>	

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

JAN 29 1953

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 _____

Licensed Embalmer No. 1311

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.