

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2521

FILED JAN 15 1952

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 8

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

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Leadwood</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Leadwood</u>	
c. LENGTH OF STAY (in this place) <u>50 Yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>None</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Leadwood</u>			

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3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u> b. (Middle) <u>H.</u> c. (Last) <u>McFarland</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 4, 1952</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 4, 1878</u>	9. AGE (in years last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shift Boss</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Leadmining</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>James McFarland</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Blankenship</u>		14. NAME OF HUSBAND OR WIFE <u>Maggie 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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Maggie McFarland Leadwood, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Prostatism - Arterio sclerotic cardiovascular Renaldisease.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 mo. 8 yrs</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* <u>Cerebral hemorrhage</u> Conditions contributing to the death but not related to the disease or condition causing death.				<u>4 yrs</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>442 X</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) (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 Oct. 20, 1946, to Jan. 4, 1952, that I last saw the deceased alive on Jan. 4, 1952, and that death occurred at 5:35 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>John W. Hunt, M.D.</u>		23b. ADDRESS <u>Leadwood, Mo.</u>		23c. DATE SIGNED <u>1/7/52</u>	
24a. (BURIAL, CREMATION, REMOVAL) (Specify) <u>Burial</u>		24b. DATE <u>1/7/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Parkview Cemetery</u>	
DATE REC'D BY LOCAL REG. <u>Jan. 7, 1952</u>		REGISTRAR'S SIGNATURE <u>Ethel Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Boyer FUNERAL HOME LEADWOOD</u>	

JAN 21 1952

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 E. Boep

Licensed Embalmer No. 4730

P. O. Address Leadwood, 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.