

STANDARD CERTIFICATE OF DEATH

19313

State File No.

BIRTH NO. _____ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 5041 Registrar's No. 716

1. PLACE OF DEATH

a. COUNTY Barry

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Flat Creek twp.

c. LENGTH OF STAY (in this place) 30 yrs.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1/2 mi. N. Cassville, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Missouri b. COUNTY Barry

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Flat Creek twp.

d. STREET ADDRESS (If rural, give location) 1/2 mi. N. of Cassville

3. NAME OF DECEASED

a. (First) John b. (Middle) Thomas c. (Last) McFarlin

4. DATE OF DEATH (Month) (Day) (Year)
June 18, 1952

5. SEX
Male

6. COLOR OR RACE
White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH
Oct. 25, 1893

9. AGE (In years last birthday) 58

10. UNDER 1 YEAR (Months) (Days) (Hours) (Min.)
58

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Stockman

10b. KIND OF BUSINESS OR INDUSTRY
Stock Raising

11. BIRTHPLACE (State or foreign country)
Franklin, Kentucky

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME
Andrew U. McFarlin

13b. MOTHER'S MAIDEN NAME
Elizabeth Hayden

14. NAME OF HUSBAND OR WIFE
Jemima McFarlin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
Yes - World War I

16. SOCIAL SECURITY NO.
unknown

17. INFORMANT'S SIGNATURE OR NAME ADDRESS:
Jemima McFarlin, Cassville, Mo.

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) Chronic myocarditis

ANTECEDENT CAUSES
Morbidity 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.
Pulmonary fibrosis
Right heart failure

INTERVAL BETWEEN ONSET AND DEATH
5 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
4222

20. AUTOPSY?
YES 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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 1952, to June 18, 1952, that I last saw the deceased alive on June 9, 1952, and that death occurred at 7:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
Arthur C. Wilson, M.D.

23b. ADDRESS
Cassville, Mo.

23c. DATE SIGNED
6-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE
6/22/52

24c. NAME OF CEMETERY OR CREMATORY
Oak Hill Cemetery

24d. LOCATION (City, town, or county) (State)
Cassville, Mo.

DATE REC'D BY LOCAL REG.
6-23-1952

REGISTRAR'S SIGNATURE
Grace Williams

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
W.C. Aaron, Cassville, Mo.

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

0050

139561 21 AOW

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, ~~as by~~

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed W. C. Koon

Licensed Embalmer No. 4359

P. O. Address Cassville, 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.