

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25467

FILED JUL 30 1953

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>170</u>		PRIMARY REG. DIST. NO. <u>3033</u>		Registrar's No. <u>112</u>		
1. PLACE OF DEATH a. COUNTY <u>Laclede</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lebanon</u>		c. LENGTH OF STAY (In this place) <u>1 wk.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Lebanon</u>		OR TOWN <u>0502</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Wallace Memorial</u>				d. STREET ADDRESS (If rural, give location) <u>219 Harwood Ave</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Homer</u>		b. (Middle) <u>L.</u>		c. (Last) <u>McFarland</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 19, 1953</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 24, 1879</u>	9. AGE (In years last birthday) <u>74</u>	10. UNDER 1 YEAR Months <u>1</u> Days <u>25</u>	11. UNDER 1 HRS. Hours <u>0</u> Min. <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Phillipsburg Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
13a. FATHER'S NAME <u>Joseph H. McFarland</u>			13b. MOTHER'S MAIDEN NAME <u>Louisa Barnhart</u>		14. NAME OF HUSBAND OR WIFE <u>Adella Josephine</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Edna McFarland</u>				
15. ADDRESS <u>Lebanon</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis & Myocardial Degeneration</u>				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) <u>Bronchitis, Chronic</u>				DUE TO (c)				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arthritis, Hypertrophic</u>								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>5021</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)		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>June 19, 1953</u> to <u>July 19, 1953</u> , that I last saw the deceased alive on <u>July 19, 1953</u> , and that death occurred at <u>8: A. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>J. Sumner</u>				(Degree or title)		23b. ADDRESS <u>Lebanon Mo</u>		
23c. DATE SIGNED <u>7-20-53</u>								
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/22/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bear Thicket Cemetery near Phillipsburg Mo.</u>		24d. LOCATION (City, town, or county) (State)		
DATE REC'D BY LOCAL REG. <u>7-22-1953</u>		REGISTRAR'S SIGNATURE <u>Adella L. May</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W.E. Holman</u>		ADDRESS <u>Lebanon Mo.</u>		

Received JUL 25 1953
Laclede County Health Unit
File No. 7.53-118
Date Filed JUL 28 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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Dorsey M. How

Licensed Embalmer No. 4222

P. O. Address Lebanon,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.