

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31511**

FILED SEP 21 1953

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **865**

1. PLACE OF DEATH a. COUNTY Durge Hospital Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. CITY OR TOWN Springfield	
c. LENGTH OF STAY (in this place) 3 1/2 hrs		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Durge Hospital		e. STREET ADDRESS (If rural, give location) 1657 E. Atlantic	

3. NAME OF DECEASED (Type or Print) a. (First) Thomas W. b. (Middle) McFarland c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) Sept 11 1953		
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5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 9, 1903		9. AGE (In years last birthday) 50		UNDER 1 YEAR Months Days Hours Min. 4 8		IF UNDER 14 HRS.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Business Agent		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Montrose, Colorado				12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Arld Thomas McFarland		13b. MOTHER'S MAIDEN NAME Leara Lee Bryant		14. NAME OF HUSBAND OR WIFE Lucie M. Farland			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Mrs. George Clift				ADDRESS 305 W. Bevan	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar pneumonia						INTERVAL BETWEEN ONSET AND DEATH 12 hours	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Chronic Asthmatic Bronchitis						(Life)	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 241X						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from **Sept 11 1953**, to _____, 19____, that I last saw the deceased give on **Sept 11**, 19**53** and that death occurred at **10:35 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Kenneth C. Coffey M.D.		23b. ADDRESS Springfield, Mo		23c. DATE SIGNED 9-11-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 9/13/53		24c. NAME OF CEMETERY OR CREMATORY Mt. Tabor		24d. LOCATION (City, town, or county) (State) Douglas County, Missouri	
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DATE REC'D BY LOCAL REG. 9-15-53		REGISTRAR'S SIGNATURE David Williams		25. FUNERAL DIRECTOR'S SIGNATURE HERMAN LOHMEYER		ADDRESS SPRINGFIELD, MO	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 9 1953

APR 11 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.....
Signature of Student Embalmer

Signed *Walter E. Hamilton*

Licensed Embalmer No. *3808*

P. O. Address *Presidents*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.