

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35516

State File No. ....

No. 300

10-48

350

FILED NOV 4 1953

BIRTH NO. ....		REG. DIST. NO. <u>107</u>		PRIMARY REG. DIST. NO. <u>5422</u>		Registrar's No. <u>127</u>	
1. PLACE OF DEATH a. COUNTY <u>Linn</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Mo.</u> b. COUNTY <u>Linn</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kennett</u>		c. LENGTH OF STAY (in this place) <u>8 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kennett</u>		0350	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Calvary Home # 2</u>				d. STREET ADDRESS (If rural, give location) <u>Rt. # 3</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HATTIE</u>		b. (Middle) <u>F. FRANCIS</u>		c. (Last) <u>McFARLIN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>19 27-1953</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 22, 1890</u>	
9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Retired Home Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Shapard Hill Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>J. J. Eddington</u>		13b. MOTHER'S MAIDEN NAME <u>Mrs. Betty Lee</u>		14. NAME OF HUSBAND OR WIFE <u>E. B. McFarlin</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 ADDRESS <u>E. B. McFarlin Kennett 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Heart Disease</u>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <u>Oct. 1</u> , 19 <u>53</u> , to <u>Oct. 28</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Oct. 28</u> , 19 <u>53</u> and that death occurred at <u>1:55 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Quinton Farver, M.D.</u> (Degree or title)				23b. ADDRESS <u>Kennett, Mo.</u>		23c. DATE SIGNED <u>Oct. 28-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/29/1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge</u>		24d. LOCATION (City, town, or county) (State) <u>Kennett Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-30-53</u>		REGISTRAR'S SIGNATURE <u>Earl Husband</u>		F. FUNERAL DIRECTOR'S SIGNATURE <u>Emmett S. Jamieson</u>		ADDRESS <u>Ark.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 11-3-53

COUNTY FILE NUMBER 1153 - 20

DEC 8 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 W. T. Emmerich

Licensed Embalmer No. 959

P. O. Address Jamesboro

**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.