

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41852

State File No.

FILED NOV 24 1953

BIRTH NO.		REG. DIST. NO. <u>349</u>		PRIMARY REG. DIST. NO. <u>6181</u> 4544		Registrar's No. <u>221</u>	
1. PLACE OF DEATH a. COUNTY Sullivan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Sullivan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural--Penn Twp.		c. LENGTH OF STAY (in this place) Minutes		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Green City		1050 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 1/2 mi. SE of Green City				d. STREET ADDRESS (If rural, give location) No street address			
3. NAME OF DECEASED (Type or Print) a. (First) Frank			b. (Middle) -----			c. (Last) McFarland, Jr.	
4. DATE OF DEATH Nov. 1, 1953		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	
8. DATE OF BIRTH Aug. 26, 1938		9. AGE (in years last birthday) 15		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 10 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY Local school		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Frank McFarland, Sr.		13b. MOTHER'S MAIDEN NAME Naomi Mobley		14. NAME OF HUSBAND OR WIFE Never married			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Evelyn McFarland, Green City, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intapercted hemorrhage ANTECEDENT CAUSES Ruptured spleen 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 Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 20 MIN 20 MIN	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION: E9128				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) FARM ROAD		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Rural Penn Twp Sullivan Mo		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 1 1953 3:30	
21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Wagon overturned pinning him under wheel					
22. I hereby certify that I attended the deceased from Jan 15, 1953 , to Nov 1, 1953 , that I last saw the deceased alive on Nov 1, 1953 , and that death occurred at 3:30 P.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) R. W. Smith 2 MD				23b. ADDRESS Green City, Mo		23c. DATE SIGNED Nov 3 1953	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 3, 1953		24c. NAME OF CEMETERY OR CREMATORY Campbell Cemetery		24d. LOCATION (City, town, or county) (State) Adair County, Mo.	
DATE REC'D BY LOCAL REG. November 15, 1953		REGISTRAR'S SIGNATURE Annabelle D. Cooper, Deputy		415-0		25. FUNERAL DIRECTOR'S SIGNATURE Glenn E. Hunt & Son, Green City, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Karl R. Kent

Licensed Embalmer No. *4689*

P. O. Address *Green City, 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.