

FILED MAY 6 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12965

BIRTH NO. _____ REG. DIST. NO. 240 PRIMARY REG. DIST. NO. 6964 Registrar's No. 28

1. PLACE OF DEATH
a. COUNTY Platte,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo b. COUNTY Platte,

b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural Parkville) c. LENGTH OF STAY (in this place) 25 yrs

c. CITY OR TOWN Parkville d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION at home.

e. STREET ADDRESS (If rural, give location) Rt. 2 - Box 304

3. NAME OF DECEASED
a. (First) Dacey b. (Middle) none c. (Last) McFarland d. DATE OF DEATH (Month) (Day) (Year) April 12 - 1954

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH Oct 4, 1866 9. AGE (In years last birthday) 88 10. UNDER 1 YEAR Months Days 11. UNDER 2 HRS. Hours Mins.

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

10b. KIND OF BUSINESS OR INDUSTRY home

11. BIRTHPLACE (City and State or Foreign Country) Meta, Mo.

12. CITIZEN OF WHAT COUNTRY? (Deceased)

13a. FATHER'S NAME

13b. MOTHER'S MAIDEN NAME

14. NAME OF HUSBAND OR WIFE Charles McFarland

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

16. SOCIAL SECURITY NO. no

17. INFORMANT'S SIGNATURE OR NAME Evel McFarland 2202 R 304

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) Coronary Heart failure
INTERVAL BETWEEN ONSET AND DEATH
DUPLICATE (b) old arteriosclerosis c. v. disease 20 yrs
DUPLICATE (c)
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 4221 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) 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 4/1, 1951, to 4-12, 1954, that I last saw the deceased alive on 4-10, 1954, and that death occurred at 10:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Walter Jennings M.D. 23b. ADDRESS Wich. Kans. at R.O. 4 23c. DATE SIGNED Apr. 14 - 54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE April 15 - 1954 24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery Jordan. 24d. LOCATION (City, town, or county) (State) Mo.

DATE REC'D BY LOCAL REG. 4-14-54 REGISTRAR'S SIGNATURE Ophelia Pulline 25. FUNERAL DIRECTOR'S SIGNATURE Leland H. Francis ADDRESS Parkville, Mo

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

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, ~~or by~~....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Leland G. Francis*.....

Licensed Embalmer No. *345*.....

P. O. Address *Parkville*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.