

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **17785**

10-48

BIRTH NO. **8843-54** REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **3000** Registrar's No. **186**

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kirksville		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (In this place) 30 days		3 43 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION Laughlin Hosp & Clinic		d. STREET ADDRESS (If rural, give location) 2634 Campbell St.	

3. NAME OF DECEASED a. (First) Debra b. (Middle) Lynn c. (Last) McFarland			4. DATE OF DEATH (Month) (Day) (Year) June 30 1954		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	
8. DATE OF BIRTH Feb. 6, 1954		9. AGE (In years last birthday) Months Days 4 24		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Kansas City, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	

13a. FATHER'S NAME Nova McFarland		13b. MOTHER'S MAIDEN NAME Eula Hahn		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ella Bain - 426-W-46th Tenace K.C. Mo	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Severe head injury with cerebral		INTERVAL BETWEEN ONSET AND DEATH 3 days	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) concussion and probable laceration and extensive skull fracture			
DUE TO (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		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.) Highway 63		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) La Plata, Macon, Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) 6-26 54 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Automobile accident	

22. I hereby certify that I attended the deceased from **6-27**, 19 **54** to **June 30**, 19 **54** that I last saw the deceased alive on **June 30**, 19 **54**, and that death occurred at **1:57 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Carl Haysler J. Wood		(Degree or title)		23b. ADDRESS Kirksville, Mo.		23c. DATE SIGNED 6-30-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE June 30, 1954		24c. NAME OF CEMETERY OR CREMATORY T.O.O.F. Cemetery		24d. LOCATION (City, town, or county) (State) Smithville Mo.	
DATE REC'D BY LOCAL REG. 6-30-54		REGISTRAR'S SIGNATURE Kate Lambert		25. FUNERAL DIRECTOR'S SIGNATURE Robert B. Davis		ADDRESS Kirkville, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

OV18 30.9

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 Robert B. Davis

Licensed Embalmer No. 4219

P. O. Address Kirkville, 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.