

FILED JUN 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20909

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3738**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN ST. LOUIS	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2103 CHEROKEE		e. STREET ADDRESS (If rural give location) 24 2103 CHEROKEE 224/0	

3. NAME OF DECEASED (First) FRANK	b. (Middle) L.	c. (Last) McFARLAND	4. DATE OF DEATH (Month) (Day) (Year) APR 24 54
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH SEPT 11-1888
9. AGE (In years last birthday) 66	f. UNDER 1 YEAR Months	g. UNDER 11 HRS. Days	h. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of preceding life, when in retired) BARBER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS Mo	12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME JAMES P. McFARLAND	13b. MOTHER'S MAIDEN NAME ELIZABETH BLANKENSHIP	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or if unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS GLADYS RIDON 1205 W. B. ST. BELLEVILLE

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		MEDICAL CERTIFICATION BELLEVEILLE INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Campylobacter DUE TO (c) Pericarditis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Other Pneumonia			

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) 490X
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **5:18** p.m., from the causes and on the date stated above.

23a. SIGNATURE Patrick E. Taylor Coroner	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 4-26-54
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 4-28-54	24c. NAME OF CEMETERY OR CREMATORY Parkview Cemetery Farmington Mo
24d. LOCATION (City, town, or county) (State)		

DATE REC'D BY LOCAL REG. APR 26 1954	REGISTRAR'S SIGNATURE J. Carl Smith Mo	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Kuttis 2906 Greaves
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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.....
Signature of Student Embalmer

Signed *Leo J. Budd*.....
Licensed Embalmer No. *398*.....
P. O. Address *St. Louis*.....

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.