No. 300
10.48

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

FILED OCT 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34454

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5630 Registrar's No. 165

05-30

1. PLACE OF DEATH
a. COUNTY: Laclede
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL Lebanon T.S.
c. LENGTH OF STAY in this place: 35 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Tuscumbia Road

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Laclede
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lebanon T.S.
d. STREET ADDRESS (If rural, give location): Tuscumbia Road. 0530

3. NAME OF DECEASED (Type or Print): a. (First) Eva b. (Middle) E. c. (Last) Mc Farland

4. DATE OF DEATH (Month) (Day) (Year): Sept. 16, 1954

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 25, 1892
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Laclede County Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: James Dougan
13b. MOTHER'S MAIDEN NAME: Jane Robinson
14. NAME OF HUSBAND OR WIFE: Earnest Mc Farland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): n
16. SOCIAL SECURITY NO.: None.
17. INFORMANT'S SIGNATURE OR NAME: Mr. Earnest Mc Earland **ADDRESS**: Lebanon, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Broken Neck — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hanging
DUE TO (c) Suicide

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None.
19b. MAJOR FINDINGS OF OPERATION: E974X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Lebanon T.S. Laclede Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept. 16, 1954 9:15 AM
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Suicide

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* 9:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE: L R Palmer (Degree or title) Coroner
23b. ADDRESS: Lebanon, Mo.
23c. DATE SIGNED: 9-17-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-18-54
24c. NAME OF CEMETERY OR CREMATORY: Lebanon City Cemetery
24d. LOCATION (City, town, or county) (State): Lebanon, Missouri

DATE REC'D BY LOCAL REG.: 9-30-1954
REGISTRAR'S SIGNATURE: Ella L. Hay
25. FUNERAL DIRECTOR'S SIGNATURE: L R Palmer Jr. **ADDRESS**: Lebanon, Mo.

(Licensed Embalmer's Statement on Reverse Side)

Received OCT 4 1954
Laclede County Health Unit
File No. 10-54-155
Date Filed OCT 16 1954

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 .....

working under my personal supervision.

Student Embalmer No. .....

Signed Stanley R Palmer

Signed .....
Student Embalmer

Licensed Embalmer No. 4810

P. O. Address Lebanon, 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.