No. 300
10.48

FILED FEB 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2024

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 16

1. PLACE OF DEATH
a. COUNTY: Phelps /
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rolla
c. LENGTH OF STAY (In this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 110 East 16th. st.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Phelps
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rolla 0812
d. STREET ADDRESS (If rural, give location): 110 East 16th. st. 0

3. NAME OF DECEASED (Type or Print)
a. (First): ROY
b. (Middle): VANCE
c. (Last): McFARLAND

4. DATE OF DEATH (Month) (Day) (Year): Jan. 22, 1955

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 27, 1885
9. AGE (In years last birthday): 69 | 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): Ret. Lab. & X-Ray Tech.
10b. KIND OF BUSINESS OR INDUSTRY: Hospital
11. BIRTHPLACE (State or foreign country): Dent County Missouri. 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Jesse H. McFarland
13b. MOTHER'S MAIDEN NAME: Mary Anna Arthur
14. NAME OF HUSBAND OR WIFE: Edna McFarland (wife)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: 489 05 6882
17. INFORMANT'S SIGNATURE OR NAME: Dorthy Love
ADDRESS: Salem, Ill.

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): Coronary occlusion — 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): _____

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 4201
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) m.
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* 1-22-55, *to* 1-22, 1955, *that I last saw the deceased alive on* 1-22, 1955, *and that death occurred at* 7:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Cory Pottenger (Degree or title) D.O.
23b. ADDRESS Rolla Mo
23c. DATE SIGNED 1-24-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-24-55
24c. NAME OF CEMETERY OR CREMATORY: Rolla City
24d. LOCATION (City, town, or county) (State): Rolla Mo.

DATE REC'D BY LOCAL REG.: Jan. 24, 1955
REGISTRAR'S SIGNATURE: Nadine L. Stoll 380
25. FUNERAL DIRECTOR'S SIGNATURE: Carl J. Glenn
ADDRESS: 1100 Elm, Rolla, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

County File Number 1-374

Date Filed 1-21-53

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 Me, working under my personal supervision.

Student Embalmer No.

Signed Carl J. Glenn

Signed.....
Student Embalmer

Licensed Embalmer No. 4707

P. O. Address 1100 Elm, Rolla, 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.