

FILED FEB 8 - 1955

## STANDARD CERTIFICATE OF DEATH

State File No. 2254

BIRTH NO. 124		REG. DIST. NO. 316		PRIMARY REG. DIST. NO. 6074		Registrar's No. 26			
1. PLACE OF DEATH a. COUNTY St. Francois				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY St. Francois	
b. CITY OR TOWN Leadwood		c. LENGTH OF STAY (in this place) 45 Years		c. CITY OR TOWN Leadwood		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Leadwood				f. STREET ADDRESS 0940					
3. NAME OF DECEASED (Type or Print) Ellis Marion McFarland			a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH Jan. 25, 1955		(Month) (Day) (Year)	
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH Oct. 18, 1869		9. AGE (In years last birthday) Months Days 85 3 7	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mill Man		10b. KIND OF BUSINESS OR INDUSTRY Lead Mining		11. BIRTHPLACE (City and State or Foreign Country) Loughboro, Missouri 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME James P. McFarland			13b. MOTHER'S MAIDEN NAME Elizabeth Blankenship			14. NAME OF HUSBAND OR WIFE Emma McFarland			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Homer McFarland				ADDRESS Leadwood, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Hypertensive Cardiovascular disease. DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 36 hrs  not known	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT <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 Jan 23, 1955, to Jan 25, 1955 that I last saw the deceased alive on Jan 25, 1955, and that death occurred at Hosp. M., from the causes and on the date stated above.									
23a. SIGNATURE John W. Hunt, M.D.				(Degree or title)		23b. ADDRESS Leadwood, Mo.		23c. DATE SIGNED 1/27/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/28/55		24c. NAME OF CEMETERY OR CREMATORY St. Francois Mem. Park, Bonne Terre, Mo.		24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG. Jan 27, 1955		REGISTRAR'S SIGNATURE Eather Rudloff		25. FUNERAL DIRECTOR'S SIGNATURE But L. Bay		ADDRESS Leadwood, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

0.30  
0.48

---

---

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 *William E. Boyer*.....

Licensed Embalmer No. *4730*.....

P. O. Address *Leadwood*.....

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.