

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27268

State File No.

FILED AUG 23 1955

BIRTH NO. _____		REG. DIST. NO. <u>291</u>		PRIMARY REG. DIST. NO. <u>4433</u>		Registrar's No. <u>54</u>	
1. PLACE OF DEATH a. COUNTY <u>Putnam</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Putnam</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Unionville</u>		c. LENGTH OF STAY (in this place) <u>4 da</u>		c. CITY OR TOWN <u>Rural</u>		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 <u>Monroe Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>Livonia, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Essie</u>		b. (Middle) <u>Levina</u>		c. (Last) <u>McFarland</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 28 1955</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>Oct. 13, 1879</u>		9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>15</u>	IF UNDER 12 HRS. Hours <u>15</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Homework</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Putnam Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>John Sparks</u>		13b. MOTHER'S MAIDEN NAME <u>Frances Wade</u>		14. NAME OF HUSBAND OR WIFE <u>James McFarland</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>James McFarland, Livonia, Mo.</u>		ADDRESS			
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) <u>Chronic degenerative myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>4222</u>				INTERVAL BETWEEN ONSET AND 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)		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 <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 <u>7-7</u> , 19 <u>55</u> , to <u>7-28</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>7-28</u> , 19 <u>55</u> , and that death occurred at <u>1230 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>L.W. McDonald Do</u>				23b. ADDRESS <u>Unionville Mo</u>		23c. DATE SIGNED <u>8-15-55</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July-29, 55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rose Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Pu nam Co. Mo.</u>		
DATE REC'D BY LOCAL REG. <u>8-20-55</u>		REGISTRAR'S SIGNATURE <u>Marshall D. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. ...</u>		ADDRESS <u>Unionville, Mo.</u>	

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

0860

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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.....
M. L. E. Husted

Licensed Embalmer No.....
33

P. O. Address.....
Summit

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.