

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9640

State File No. ....

FILED APR 3 - 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 4272 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) --a..STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waverly</u>		c. CITY OR TOWN <u>Malta Bend</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>20 minutes</u>		e. STREET ADDRESS (If rural, give location) <u>Streets not numbered</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kelling Clinic</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Phillip</u>	b. (Middle) <u>Andrew</u>	c. (Last) <u>McFarland</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 27th, 1956</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 11th, 1893</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>16</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Packer, International Shoe Co.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u></u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Camden County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Charlie McFarland</u>	13b. MOTHER'S MAIDEN NAME <u>Dicy Ricker</u>	14. NAME OF HUSBAND OR WIFE <u>Ceola McFarland</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>487-20-0289</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Phillip McFarland, Malta Bend, Mo.</u>	ADDRESS <u></u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2/6/56</u> <u>3/27/56</u> <u>2/6/56</u> <u>3/27/56</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>lateral wall infarction acute of heart</u>		
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <u>upper respiratory infection and cholecystitis</u> DUE TO (c) <u></u>		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)	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 1941, 18, to 2/27, 1956, that I last saw the deceased alive on 2/27, 1956, and that death occurred 5-50P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Bess A Kelling M.D.</u>	23b. ADDRESS <u>Waverly, Missouri</u>	23c. DATE SIGNED <u>3/28/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mch. 28, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Malta Bend cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Malta Bend, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>March 28-1956</u>	REGISTRAR'S SIGNATURE <u>Clayton N Landrum</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Campbell-Lewis Marshall, Mo.</u>	ADDRESS <u></u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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APR 26 1957

MAY 17 1957

APR 23 1957

**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 *James A. Lewis*.....  
Licensed Embalmer No. 4709

P. O. Address *Marshall*.....

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.