

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29603

State File No. ....

FILED AUG 21 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 4513 Registrar's No. 66

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Sullivan</u>                      |  | 2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Sullivan</u> |  |
| b. CITY OR TOWN <u>Green Castle</u>                                 |  | c. CITY OR TOWN <u>Green Castle</u>  |  |
| c. LENGTH OF STAY (in this place) <u>30 yrs</u>                     |  | d. STREET ADDRESS (If rural, give location) <u>No street address</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home in Green Castle</u> |  |  |  |

|                                     |                           |                          |                            |  |
|-------------------------------------|---------------------------|--------------------------|----------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Rozella</u> | b. (Middle) <u>-----</u> | c. (Last) <u>McFarland</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 12, 1956</u> |
|-------------------------------------|---------------------------|--------------------------|----------------------------|--|

|  |                               |   |  |   |   |   |
|--|-------------------------------|---|--|---|---|---|
| 5. SEX <u>Female</u>   | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Sept. 17, 1873</u> | 9. AGE (In years last birthday) <u>82</u>                 | IF UNDER 1 YEAR Months <u>---</u> Days <u>---</u> | IF UNDER 24 HRS. Hours <u>---</u> Min. <u>---</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> |                               | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>                     |  | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> |   | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>           |

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|---|--|--|
| 13a. FATHER'S NAME <u>Jesse Waymack</u> | 13b. MOTHER'S MAIDEN NAME <u>Margaret Brundage</u> | 14. NAME OF HUSBAND OR WIFE <u>Andrew E. McFarland</u> |
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|  |                                     |  |                                 |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Andrew E. McFarland</u> | ADDRESS <u>Green Castle, Mo</u> |
|--|-------------------------------------|--|---------------------------------|

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|---|--|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, asthenia, etc.* It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION  |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Malnutrition due to insufficient food intake</u>   |  | <u>3 mo.</u>                     |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Senile dementia</u><br>DUE TO (c) _____ |  | <u>17 yrs</u>                    |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  | <u>Complete fracture of left femur at hip 4 mo.</u><br><u>Generalized arteriosclerosis</u> |                                  |

|                              |   |  |
|------------------------------|---|--|
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION <u>304XF</u> | 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) _____ | 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 4-27-56, 1956, to 8-11-56, 1956, that I last saw the deceased alive on 8-11-56, 1956, and that death occurred at 11:50 Am., from the causes and on the date stated above.

|  |   |                                 |
|--|---|---------------------------------|
| 23a. SIGNATURE <u>Joseph E. Turner, D.O.</u> (Degree or title) | 23b. ADDRESS <u>217 E. 2nd St., Milan, Missouri</u> | 23c. DATE SIGNED <u>8-14-56</u> |
|--|---|---------------------------------|

|   |                                |   |  |
|---|--------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Aug. 14, 1956</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Green Castle Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Green Castle, Mo.</u> |
|---|--------------------------------|---|--|

|   |   |  |                                |
|---|---|--|--------------------------------|
| DATE REC'D BY LOCAL REG. <u>8-17-56</u> | REGISTRAR'S SIGNATURE <u>Mrs. M. W. Beckett</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Allen E. Fentler</u> | ADDRESS <u>Green City, Mo.</u> |
|---|---|--|--------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

25

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 .....  
Student Embalmer

Signed \_\_\_\_\_

*Karl R. Kent*

Licensed Embalmer No. 4689

P. O. Address Green City, 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.