

FILED APR 22 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11942
STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 141

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Kirksville TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY 0010 OR 0 TOWN Novinger Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR K. O. H. INSTITUTION		Length of stay in 1b	d. STREET F. D. (If outside, give location) ADDRESS

3. NAME OF DECEASED (Type or print) James McFarland			4. DATE OF DEATH April 11, 1957	
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH June 29, 1892	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Adair County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME James Mc Farland			14. MOTHER'S MAIDEN NAME Caroline Oiler	
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. X	17. INFORMANT John H. McFarland, Kirksville, Mo.	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) My diabetes, Arteriosclerosis Chronic Cor Pulmonale & Arteriosclerosis and Arteriosclerosis of Pulmonary Arteries		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) 4200		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour p. m. Month, Day, Year	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from 3-23-57 to 4-11-57 and last saw him alive on 4-10-57 Death occurred at 1:20 A. m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE Marvin W. Boone No. 2 (Degree & title)	22b. ADDRESS Kirksville, Mo.	22c. DATE SIGNED 4-12-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/14/57	23c. NAME OF CEMETERY OR CREMATORY Campbell Cemetery	23d. LOCATION (City, town, or county) (State) Adair county, Mo.
24. FUNERAL DIRECTOR James R. [Signature] ADDRESS Kirksville, Mo.		25. DATE RECD. BY LOCAL REG. 4-13-1957	26. REGISTRAR'S SIGNATURE Doris W. Patliff

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

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 Richard R. Ellis, Student Embalmer No. 542 working under my personal supervision..

Student Richard R. Ellis
Signature of Student Embalmer

Signed George W. Davel
Licensed Embalmer No. 479
P. O. Address Kirkville

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.