

FILED JUN 10 1957

STANDARD CERTIFICATE OF DEATH

State File No. 57018015

BIRTH NO. _____ REG. DIST. NO. 241 PRIMARY REG. DIST. NO. 4360 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>NEW MADRID</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>NEW MADRID</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PORTAGEVILLE</u>		c. CITY OR TOWN <u>PORTAGEVILLE</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)		e. STREET ADDRESS (If rural, give location) <u>272/0</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>VIRGINIA</u> b. (Middle) <u>MCFARRIN</u> c. (Last) <u>MCFARRIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 11, 1957</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>COLORED</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN. 1890</u>	9. AGE (In years last birthday) <u>67</u>	10. IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>JOINER, ARK.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. HOUSEWIFE FATHER'S NAME <u>J. S. HENDRIX</u>		13b. MOTHER'S MAIDEN NAME <u>LULA RUSSELL</u>		14. NAME OF HUSBAND OR WIFE <u>PAUL MCFARRIN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>PAUL MCFARRIN PORTAGEVILLE, MO.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac decompensation</u>		DUE TO (b) <u>Cardiac Hypertension</u>		<u>3 days</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)		<u>2 years</u>	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>		<u>4 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443x</u>		20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

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 2-28, 1953, to 3-10, 1957, that I last saw the deceased alive on 3-10, 1957, and that death occurred at 2:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James O. Cameron D. O. Mortician - MO.</u>		23b. ADDRESS <u>328-57</u>		23c. DATE SIGNED <u>3-28-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>March 13, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Portageville Colored</u>	
24d. LOCATION (City, town, or county) (State) <u>Portageville, Missouri</u>		REGISTRAR'S SIGNATURE <u>Ellen Medsick Milam</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>DELISLE FUNERAL PARLOR PORTAGEVILLE, MO.</u>	
DATE REC'D BY LOCAL REG. <u>3-11-57</u>					

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

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DATE RECEIVED MAY 28 1957
NEW MADRID CO. HEALTH CENTER

P. J. L.

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.....
Licensed Embalmer No. 1448
P. O. Address W. Tazewell

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.