

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

157 0 27 483  
STATE FILE NUMBER

FILED AUG 26 1957

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 300

300  
1-56

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

1. PLACE OF DEATH a. COUNTY <b>Boone</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Boone</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Columbia</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Columbia</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1134 W. Ash St.</b>		Length of stay in lb <b>7 yrs</b>	d. STREET ADDRESS (If outside, give location) <b>1134 W. Ash St.</b>
3. NAME OF DECEASED (Type or print) First <b>Thomas Purton</b> Middle <b>McFarland</b> Last			4. DATE OF DEATH Month <b>8</b> Day <b>18</b> Year <b>1957</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>1/12/1904</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Rail Road Employee</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Rail Road</b>	9. AGE (In years last birthday) <b>53</b>
11. BIRTHPLACE (City and state or country) <b>Benton County Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Charles McFarland</b>		14. MOTHER'S MAIDEN NAME <b>Bertha Owsley</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>702-14-4427</b>	17. INFORMANT Address <b>Mrs Bertha McFarland Holden, Mo</b>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>ACUTE CORONARY OCCLUSION</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Immediate</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Coronary Atherosclerosis</b>			<b>years</b>
DUE TO (c) <b>Generalized Arterio Sclerosis</b>			<b>years</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>
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 <b>a. m.</b> Month, Day, Year <b>p. m.</b>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <b>8/18/57</b> to <b>8/18/57</b> and last saw <b>him</b> alive on <b>Never</b> Death occurred at <b>10 p m</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>John F. Logue</b> (Free or Title)		22b. ADDRESS <b>909 University Ave Columbia Mo</b>	22c. DATE SIGNED <b>8/18/57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>8/21/1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>	23d. LOCATION (City, town, or county) (State) <b>Columbia, Missouri</b>
24. FUNERAL DIRECTOR <b>Lyman Sprinkle, Columbia, Mo.</b> ADDRESS: <b>Memorial Funeral Home</b>		25. DATE RECD. BY LOCAL REG. <b>Aug. 20 1957</b>	26. REGISTRAR'S SIGNATURE <b>Mrs R.E. Palmer</b>

1957 OCT 8 10 11 AM

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, ~~only~~ ....., Student Embalmer No. .... working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed *Lynman K. Spunkle*

Licensed Embalmer No. *4012*

P. O. Address *Columbia*

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.