

Securing the medical certificate in the specific manner required by 193.140 MoRS 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All
diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JAN 8 1958

STANDARD CERTIFICATE OF DEATH

45126

STATE FILE NUMBER

Registration District No. 218 Primary Registration District No. 5784 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY Mississippi			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri - b. COUNTY Mississippi		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN James Bayou Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN East Prairie		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 15 Mi. S. E. East Prairie, 25 Yrs		Length of stay in lb	d. STREET ADDRESS Route #2		(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) Fred A. McFarland			4. DATE OF DEATH December 19, 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH February 14, 1900	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months 06 Days 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Kennett, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A	
13. FATHER'S NAME John Henry McFarland			14. MOTHER'S MAIDEN NAME Eldine Simpson		
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. 492-16-5398	17. INFORMANT Jesse McFarland, Rison, Arkansas		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Myocarditis DUE TO (b) Atherosclerosis DUE TO (c) Pulmonary Tuberculosis					INTERVAL BETWEEN ONSET AND DEATH unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) Patient entered Mt. Vernon Sanitarium Mt. Vernon Mo. Mar. 1957					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 a. m. p. m.		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 Dr. Gordon Humphill treated deceased Nov. 12, 1957			
21. I attended the deceased from no medical attendance last illness her Death occurred at 6 A. m on the date stated above; and to the best of my knowledge, from the causes stated.					him alive on
22a. SIGNATURE Gertrude G. Harper		(Degree or title)	22b. ADDRESS Local Registrar, East Prairie Mo. 1-3-58		22c. DATE SIGNED
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-21-1957	23c. NAME OF CEMETERY OR CREMATORY Dogwood Cemetery		23d. LOCATION (City, town, or county) (State) Mississippi County, Missouri	
24. FUNERAL DIRECTOR Travis Shelby Jr., East Prairie, Mo.		25. DATE RECD. BY LOCAL REG. 12-30-57	26. REGISTRAR'S SIGNATURE Gertrude G. Harper		

JAN 13 1958

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 *Frank Shelby*.....

Licensed Embalmer No. *275*

P. O. Address *Frank Shelby*

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.