Health, Welfare Public Service

300 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-003739
STATE FILE NUMBER

FILED FEB 11 1959

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 259

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN: Clayton — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION: St. Louis County Hospital DOA — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Overland 4079 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 3998 Jane Ave. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Hugh Middle: Jasper Last: McFarland

4. DATE OF DEATH Month, Day, Year: Jan. 27, 1959

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: Oct. 3, 1898

9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY: Cleaning Co.

11. BIRTHPLACE (City and state or country): Coffman, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME: Jasper J. McFarland

13b. MOTHER'S MAIDEN NAME: Hulda Evans

14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): Peacetime

16. SOCIAL SECURITY NO.: 488-05-2655

17. INFORMANT: Jesse McFarland, Address: 3998 Jane Ave.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cardiac Insufficiency	12/18/58.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arteriosclerotic Heart Disease	1/27/59
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Cerebral Thrombosis, due to arteriosclerosis, old

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 12-18-1958, to 12-25-58 and last saw her/him alive on 12-25-58
Death occurred at 1-27-59 7:32 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Angelo A. Speno M.D.

22b. ADDRESS: 601 S. Brentwood, Clayton, Mo

22c. DATE SIGNED: 1/27/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 1-27-59

23c. NAME OF CEMETERY OR CREMATORY: Mayberry Cemetery

23d. LOCATION (City, town, or county) (State): Coffman, Mo.

24. FUNERAL DIRECTOR ADDRESS: Albert H. Hoppe, 4700 Washington Blvd.

25. DATE RECD. BY LOCAL REG.: 1-27-59

26. REGISTRAR'S SIGNATURE: John C. Murphy, M.D.

(Licensed Embalmer's Statement on Reverse Side)

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. 3653

P. O. Address .....

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.