MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JAN 9 1961

-61-000988
STATE FILE NUMBER

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 4

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Springfield, — Length of stay in 1b: 1 day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Burge Protestant Hospital — Inside Limits: Yes [X] No [ ]

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

3. NAME OF DECEASED (Type or print): First JOHN Middle M. Last McFARLAND
4. DATE OF DEATH: Month January Day 1, Year 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: November 20, 1893
9. AGE (last birthday): 67 — IF UNDER 1 YEAR: Months 2 Days 11 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: On Farm
11. BIRTHPLACE (City and state or country): Howell County, Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Tillman McFarland
13b. MOTHER'S MAIDEN NAME: Mollie Smith
14. NAME OF HUSBAND OR WIFE: Effie McFarland
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Effie McFarland Address: Pomona

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) D Spinal ~~Cord~~ artery Thrombosis
Respiratory Failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) D Myelopathy
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]
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 12-31-60, to 1-1-61 and last saw her/him alive on 12-31-60
Death occurred at 6:22 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John R. Craig M.D. (Degree or title)
22b. ADDRESS Springfield Mo
22c. DATE SIGNED 1-5-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Jan. 3, 1961
23c. NAME OF CEMETERY OR CREMATORY: Oak Lawn
23d. LOCATION (City, town, or county) (State): Pomona, Missouri

24. FUNERAL DIRECTOR: Carter Funeral Home ADDRESS: West Plains, Missouri
25. DATE RECD. BY LOCAL REG.: 1-6-61
26. REGISTRAR'S SIGNATURE: Effie G. Melton

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF DOCUMENT

JAN 18 1961

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 L Doolin Gorman

Licensed Embalmer No. 3177

P. O. Address Springfield, Mo.

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.