MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-014274

STATE FILE NUMBER

FILED APR 2 1963

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 836

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

14000
2 219
3
4 0
5 3
6
7 1
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9 4500
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12 86-0
13

88

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED 7-2

INSTEAD OF

SHOULD READ

ITEM NO.

Corrected Cause of death — Pulmonary Tuberculosis — per Health Center — JET 2

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LeMay
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LeMay Nursing Home
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo.
b. COUNTY ~~St. Louis~~
c. CITY OR TOWN St. Louis
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 515 N. Spring
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: John Middle: R. Last: McFarland

4. DATE OF DEATH Month: 3 Day: 7 Year: 63

5. SEX: M

6. COLOR OR RACE: W

7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒

8. DATE OF BIRTH: 7-27-1886

9. AGE (last birthday): 76

IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

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

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): Illinois

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: James McFarland

13b. MOTHER'S MAIDEN NAME: Evelyn Hall

14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): World War 1

16. SOCIAL SECURITY NO.

17. INFORMANT: Bessie Harrison Address: 515 N. Spring

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) Pulmonary Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 15 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 4580

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

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 Dec. 7, 1962, to Mch. 7, 1963 and last saw her/him alive on Mch. 4, 1963

Death occurred at 12 30 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert Sanders (Degree or title) M D

22b. ADDRESS 4212 Flora Pl

22c. DATE SIGNED 5-9-63

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

23b. DATE: 3-10-63

23c. NAME OF CEMETERY OR CREMATORY: M & TOOE

23d. LOCATION (City, town, or county) (State): Benton, Illinois

24. FUNERAL DIRECTOR ADDRESS: Paulson-Freeman Benton, Illinois

25. DATE RECD. BY LOCAL REG.: 3-10-63

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

(Licensed Embalmer's Statement on Reverse Side)

APR 3 1963

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 Lamar L Gleason

Licensed Embalmer No. 5168

P. O. Address Millstadt, Illinois

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.