

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

0022904

DEPARTMENT OF PUBLIC HEALTH AND SAFETY

Registration District No. 437 Primary Registration District No. 4219 Registrar's No. 168 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10431
20421

3
4 0
5 2
6
7 0
8 2
9040
10 21
11 042
12 3-0
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Henry		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Windsor		a. STATE Mo.		b. COUNTY Henry	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Windsor Hospital		Length of stay in lb 3 days		c. CITY OR TOWN Windsor		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 306 Cherry St.		(If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				First		Middle	
				Last		4. DATE OF DEATH	
WILLIAM ALEXANDER McFARLAND						June 20, 1964	
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5-5-1869	
9. AGE (last birthday) 95		IF UNDER 1 YEAR Months Days Hours Min.		11. BIRTHPLACE (City and state or country) Fristoe, Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rt. Farmer				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)	
13a. FATHER'S NAME Walter McFarland				13b. MOTHER'S MAIDEN NAME Eliza Jane Blake		14. NAME OF HUSBAND OR WIFE Daisy Pearl Hill	
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. (none)		17. INFORMANT C. C. McFarland Address 2900 Booth St. K. C. 29, Mo.	
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 10-15 Min.
IMMEDIATE CAUSE (a) Cardiovascular Collapse CONDITIONS (b) Thrombosis Left Femur and Surgical Wounding DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Spurred General Arteriosclerosis							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) Fell at home.			
20c. TIME OF INJURY Hour 7 a.m. / p.m. Month, Day, Year 6-17-64		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		20f. CITY, TOWN, OR LOCATION 306 Cherry Windsor Henry Mo.	
21. I attended the deceased from 9-30-52 to 6-20-64 and last saw him alive on 6-20-64 . Death occurred at 8:00 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Claude M. Shurber, M.D.				22b. ADDRESS Windsor, Mo.		22c. DATE SIGNED 6-22-64	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-24-1964		23c. NAME OF CEMETERY OR CREMATORY New Church Cemetery		23d. LOCATION (City, town, or county) (State) Johnson co. Missouri	
24. FUNERAL DIRECTOR Clifford Gouge Windsor, Mo.				25. DATE RECD. BY LOCAL REG. June 22, 1964		26. REGISTRAR'S SIGNATURE Mildred Biggers	

USE BLACK INK OR TYPEWRITER RIBBON

11-1-11
11-1-11



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 *[Handwritten Signature]*

Licensed Embalmer No. 11111

P. O. Address *[Handwritten 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.