

FILED DEC 4 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36721

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1041-A

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Webster</u> / <u>120</u>	
b. CITY OR TOWN <u>Springfield</u>		c. CITY OR TOWN <u>Seymour</u> /	
c. LENGTH OF STAY (in this place) <u>21 days</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. #4</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VA. Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Alton</u>	b. (Middle) <u>E.</u>	c. (Last) <u>McFARLAND</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 24, 1950</u>
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5. SEX <u>Male</u> <input type="radio"/>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> /	8. DATE OF BIRTH <u>Aug. 21, 1875</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 6 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Clayton, Ind.</u> /	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Lilley E. McFarland</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes Sp. Amer.</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records, VAH, Springfield, Mo.</u>	ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>1. Cardiac Dilation. 2. Leukemia, Lymphatic</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1. Coronary Sclerosis 2. Arterial sclerosis, generalized</u>		<u>2040</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that VA attended the deceased from Nov 4, 1950, to Nov 24, 1950, that the deceased died on Nov 24, 1950, and that death occurred at 4:14A m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. J. Bondurant, MD., Chief, Professional Services VAH, Springfield, Mo.</u> (Degree or title)	23b. ADDRESS _____	23c. DATE SIGNED <u>11-24-1950</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-27-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>National</u>	24d. LOCATION (City, town, or county) (State) <u>Springfield Mo</u>
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DATE REC'D BY LOCAL REG. <u>11-27-50</u>	REGISTRAR'S SIGNATURE <u>W.E. Handley</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Velley Jewell Bergman</u>	ADDRESS <u>Seymour Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

*Don Ferrell*

working under my personal supervision.

Student Embalmer No. *397*

Signed *Don A. Ferrell*  
Student Embalmer

Signed *W. W. Kelley*

Licensed Embalmer No. *3334*

P. O. Address *Fordland 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 this body is not embalmed, fact should be so stated above.