

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32232

State File No. ....

FILED OCT 14 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 194 PRIMARY REG. DIST. NO. 5710 Registrar's No. 11

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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>McDonald</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>McDonald</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural Center twp.</u> )		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Center Twp.</u>	
c. LENGTH OF STAY (in this place) <u>17 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Rockycomfort Rt. 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rockycomfort Ht. 1</u>		d. STREET ADDRESS (If rural, give location) <u>Rockycomfort Rt. 1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Max</u> b. (Middle) <u>Leon</u> c. (Last) <u>McFarland</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 24, 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Mar. 14, 1935</u>
9. AGE (In years last birthday) <u>17</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming-lumbering</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Fathers Farm</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Ward E. McFarland</u>		13b. MOTHER'S MAIDEN NAME <u>Bessie Riker</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>O. V. McFarland, Powell, Missouri</u>		ADDRESS _____	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushed Head</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>E9101 3</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>no</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) <u>Farm</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Center twp. McDonald Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9-24-52 2:30</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Rolling log</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2:30P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>H. M. Kimbrey Coroner</u>		23b. ADDRESS <u>Fineville, Mo.</u>	
23c. DATE SIGNED <u>9-25-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-29-1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Owsley Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>McDonald County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 10, 1952</u>		REGISTRAR'S SIGNATURE <u>O. E. Plumlee</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>John B. Robinson</u>		ADDRESS <u>Goodman, Missouri</u>	

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed John B. Popineau

Licensed Embalmer No. 4446

P. O. Address London, 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.