

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHDR. FARRELL  
State File No. 15551

FILED JUN 14 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 536

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY HOWELL	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN POMONA
d. FULL NAME OF (If not in hospital, or institution, give street address or location) HOSPITAL OR INSTITUTION ST. JOHN'S HOSP.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) 0460 1			
3. NAME OF DECEASED (Type or Print) a. (First) BESS		b. (Middle) MARGUERITE	
		c. (Last) McFARLAND	
4. DATE OF DEATH (Month) (Day) (Year) JUNE 4 1954			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH NOV. 14 1894
9. AGE (In years last birthday) 59		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) home	11. BIRTHPLACE (City and State or Foreign Country) HOWELL COUNTY, MISSOURI
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) home		10b. KIND OF BUSINESS OR INDUSTRY home	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE X
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NO	17. INFORMANT'S SIGNATURE OR NAME ADDRESS FRANK REED WEST PLAINS, MO.
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Unknown ANTECEDENT CAUSES Metastatic Adeno-Carcinoma, Rectum. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Adeno-Carcinoma Right Breast DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Hypertrophy Left Ventricle of Heart. Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Adeno carcinoma Right Breast with nodal involvement	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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)
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?
22. I hereby certify that I attended the deceased from May 4, 1953, to June 4, 1954, that I last saw the deceased alive on June 4, 1954, and that death occurred at 5 P. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree of title) Thomas E. Farrell M.D.		23b. ADDRESS Springfield Mo.	23c. DATE SIGNED 6/7/54
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 6/15/54	24c. NAME OF CEMETERY OR CREMATORY WEST PLAINS CEMETERY
		24d. LOCATION (City, town, or county) (State) WEST PLAINS, MO.	
DATE REC'D BY LOCAL REG. 6-7-54		REGISTRAR'S SIGNATURE [Signature]	
		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H.H. LOHMEYER SPRINGFIELD, MO.	

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 16 1954

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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.....  
Signature of Student Embalmer

Signed *Walter E. Hamula*.....

Licensed Embalmer No... 3808

P. O. Address.. SPRINGFIELD..

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.