FILED MAY 17 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

15508
STATE FILE NUMBER

Registration District No. 14 Primary Registration District No. 5065 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY Barton 0060	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barton 0060
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ozark Twsp. / Inside Limits Yes ☐ No ☒	c. CITY OR TOWN Liberal Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) At Home Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Ozark Twsp. Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First NELLIE Middle MAY Last McFARLAND

4. DATE OF DEATH: Month May Day 5 Year 1956

5. SEX: F /

6. COLOR OR RACE: W

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐

8. DATE OF BIRTH: Nov 14 1865

9. AGE (In years last birthday): 90 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (City and state or country): Emerald Grove, Wisconsin /

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Aaron Jackson Luckey

14. MOTHER'S MAIDEN NAME: Ruth Deliah Cooper

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

16. SOCIAL SECURITY NO. xxx

17. INFORMANT Address: Miss Marjorie McFarland, Liberal, Mo.

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) Senility — INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Old age

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 794X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT 7Do SUICIDE 7Do HOMICIDE 7Do

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) No injury

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.) 0

20f. CITY, TOWN, OR LOCATION 0 COUNTY 0 STATE 0

21. I attended the deceased from 3/29/56, to 5/1/56 and last saw her/him alive on 5/4/56

Death occurred at 5:20 p.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) S. G. Eddleman MD

22b. ADDRESS Liberal

22c. DATE SIGNED 5/7/56

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

23b. DATE: May 8 1956

23c. NAME OF CEMETERY OR CREMATORY: Lake

23d. LOCATION (City, town, or county) (State): Lamar, Missouri

24. FUNERAL DIRECTOR ADDRESS: Konantz Funeral Home, Lamar, Missouri

25. DATE RECD. BY LOCAL REG.: May 7, 1956

26. REGISTRAR'S SIGNATURE: Charlotte McDowell

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Colonel [illegible]

200

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....Carl F. Komantz.....

Licensed Embalmer No. 22

P. O. Address Lamar,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.