URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 14 1960

-60-040786
STATE FILE NUMBER

ENDED

Registration District No. 352 Primary Registration District No. 4511 Registrar's No. 86

1. PLACE OF DEATH
a. COUNTY Taney
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Branson
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Skaggs Hosp.
Inside Limits Yes # No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Taney
c. CITY OR TOWN Branson
Inside Limits Yes ☐ No #
d. STREET ADDRESS (If outside, give location) Highway 160
Reside on Farm Yes # No ☐

3. NAME OF DECEASED (Type or print) First THOMAS Middle ALEXANDER Last McFARLAND
4. DATE OF DEATH Month Oct. Day 1 Year 1960
5. SEX male
6. COLOR OR RACE white
7. Married # Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 7-4-1882
9. AGE (last birthday) 77
IF UNDER 1 YEAR Months 6 Days 6 IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY stock
11. BIRTHPLACE (City and state or country) Missouri
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Alexander McFarland
13b. MOTHER'S MAIDEN NAME Asenatha Stinchcomb
14. NAME OF HUSBAND OR WIFE Oma McFarland
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) none (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO.
17. INFORMANT Address Mrs Oma McFarland Branson, 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) Cerebral Vascular Accident
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis Generalized
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9/15/60, to 10-1-60 and last saw him alive on 10-1-60
Death occurred at 5:25 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Roy Gillispie MD (Degree or title)
22b. ADDRESS Branson Mo
22c. DATE SIGNED 11/9/6

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 10-5-60
23c. NAME OF CEMETERY OR CREMATORY Ozark Mem. Park Cem.
23d. LOCATION (City, town, or county) (State) Branson, Mo

24. FUNERAL DIRECTOR ADDRESS Whelchel Chapel, Branson, Mo
25. DATE RECD. BY LOCAL REG. 11-10-60
26. REGISTRAR'S SIGNATURE Helen Campbell

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Walter Cobb

Signature of Student Embalmer

Licensed Embalmer No. 4731

P. O. Address Bramon,

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