SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-016812
STATE FILE NUMBER

AMENDED

Registration District No. 70 Primary Registration District No. 4124 Registrar's No. 21

FILED MAY 16 1961

1. PLACE OF DEATH
a. COUNTY CLARK
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KAHOKA
Length of stay in 1b —
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 711 N. MONTGOMERY
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY CLARK
c. CITY OR TOWN KAHOKA
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 711 N. MONTGOMERY
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First MARTHA Middle ANN Last McFARLAND
4. DATE OF DEATH Month MAY Day 6 Year 1961
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 6-13-1883
9. AGE (last birthday) 76
IF UNDER 1 YEAR Months Days IF UNDER 24 HR 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) BOONE, IO.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME UNKNOWN
13b. MOTHER'S MAIDEN NAME UNKNOWN
14. NAME OF HUSBAND OR WIFE JOSEPH M. McFARLAND
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT Joe McFarland Address Kahoka, 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) Medullary failure — INTERVAL BETWEEN ONSET AND DEATH: minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Thrombotic encephalomalacia — years
DUE TO (c) Arteriosclerosis — Unknown
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 4-30-61, to 5-6-61 and last saw him alive on 5-5-61
Death occurred at 7:45 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. G. Miller (Degree or title) DO
22b. ADDRESS Kahoka Mo
22c. DATE SIGNED 5-9-61
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 5-8-1961
23c. NAME OF CEMETERY OR CREMATORY KAHOKA CEMETERY
23d. LOCATION (City, town, or county) (State) KAHOKA, MO.
24. FUNERAL DIRECTOR KABLE-SHAFFER, KAHOKA, MO. ADDRESS
25. DATE RECD. BY LOCAL REG. 5-9-61
26. REGISTRAR'S SIGNATURE J. E. Bailey M.D.

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

MAY 31 1961

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Delbert L. Shafer

Licensed Embalmer No. 5063

P. O. Address Kahoka, Mo.

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