

CERTIFICATE OF DEATH

Registration District No. 160 Primary Registration District No. 4250 Registrar's No. 6

DO NOT WRITE ON THIS STUB

9. 1

10a. 63

10b.

11. 0

12. 2

13. 1621

14.

15. 4

16.

17.

18. 0

19. CREDITS

20. 1-0

VS 300
 Rev. 1/70

4. 0500

5. 90

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED: IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

6. 0940

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. LENA BELLE MCFARLAND		2. Female	3. Dec. 31, 1969
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MO. DAY	UNDER 1 DAY HOURS MIN.
4. White	5a. 63	5b. 0 9	5c. Dec. 22, 1906
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	
7a. Pevely		7b. yes	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. Missouri	9. U.S.A.	10. Widowed	11.
SOCIAL SECURITY NUMBER	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	KIND OF BUSINESS OR INDUSTRY	
12. 496-12-4935	13a. Clerk Retail	13b.	
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER
14. Missouri	15. St. Francois	16. Leadwood	17. 317 Bell
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST	
18. Alfred Roux		19. Belle Dace	
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
20. Eugene McFarland		21. Arnold, Missouri	
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE			
(a) <i>Mixed adenocarcinoma & Keratin cell</i>			
DUE TO, OR AS A CONSEQUENCE OF:			
(b) <i>tumor of lung & metastasis left</i>			
DUE TO, OR AS A CONSEQUENCE OF:			
(c) <i>Pleura</i>			6 mo
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			AUTOPSY (YES OR NO) 19. <i>Yes</i>
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.			
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20a.	20b.	20c.	20d.
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS 20h. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK.
20e.	20f.	20g.	20h.
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM	MONTH DAY YEAR	MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR
21a. DECEASED FROM	21b. 12 31 69	21c. 12 31 69	21d. 12/31/69
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.			THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR
22a.			22b. 7:00 P.M. 12 31 69 7:00 P.M.
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE	DEGREE OR TITLE
23a. <i>D. J. SEAN</i>		23b. <i>[Signature]</i>	23c. <i>MD</i>
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.	CITY OR TOWN STATE
23d.		23e. <i>Herculanum</i>	23f. <i>Missouri 63048</i>
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION CITY OR TOWN STATE	
24a. Burial	24b. IOOF Cemetery	24c. Bismarck, Missouri	
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
24d. 1/3/70	24e. Murphy L. Sparks F. Home, Inc. Flat River, Mo 63601		
FUNERAL DIRECTOR—SIGNATURE	REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR	
25. <i>[Signature]</i>	26. <i>[Signature]</i>	26b. <i>Jan. 7, 1970</i>	

Type or print in PERMANENT BLACK INK. See handbook for instructions.

JAN 1 1970

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 *Mungby Sparks*

Licensed Embalmer No. *4236*

P. O. Address *1101 Oliver St*

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.

[Faint handwritten notes]