

FILED JAN 18 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4260 Registrar's No. 318

|   |                           |   |  |
|---|---------------------------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Knox</u>  |                           | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u><br>b. COUNTY <u>Scotland</u>   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Baring</u>  |                           | c. CITY (If outside corporate limits, write RURAL and give township) <u>Greensburg</u>  |  |
| c. LENGTH OF STAY (in this place) <u>3</u>  |                           | d. STREET ADDRESS (If rural, give location) <u>3 Miles North East of Greensburg</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION   |                           |   |  |
| 3. NAME OF DECEASED<br>a. (First) <u>John</u><br>(Type or Print)  |                           | b. (Middle) <u>W</u><br>c. (Last) <u>Varner</u>   |  |
| 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>Jan-7-1949</u>   |                           |   |  |
| 5. SEX <u>M</u>   | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>   | 8. DATE OF BIRTH <u>April-6-1885</u>   |
| 9. AGE (In years last birthday) <u>62</u>   |                           | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>  | 11. BIRTHPLACE (State or foreign country) <u>Powersville, Missouri</u>           |
| 10a. USUAL OCCUPATION   |                           | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>                                       |
| 13a. FATHER'S NAME <u>Newton Varner</u>   |                           | 13b. MOTHER'S MAIDEN NAME <u>Margaret Conn</u>  | 14. NAME OF HUSBAND OR WIFE <u>Dora Mason</u>                                    |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>  |                           | 16. SOCIAL SECURITY NO. <u>None</u>   | 17. INFORMANT'S SIGNATURE OR NAME <u>Dora E Varner</u> ADDRESS <u>Baring, Mo</u> |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.  |                           | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture of Right Frontal and Fracture of the Axis.</u><br>INTERVAL BETWEEN ONSET AND DEATH _____<br>ANTECEDENT CAUSES<br><u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br><u>Conditions contributing to the death but not related to the disease or condition causing death.</u> |  |
| 19a. DATE OF OPERATION  |                           | 19b. MAJOR FINDINGS OF OPERATION <u>E 810.9<br/>27</u>  |  |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |                           |   |  |
| 21a. ACCIDENT SUICIDE HOMICIDE <u>Accident</u> (Specify)  |                           | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Railway Crossing</u>  |  |
| 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br><u>Baring Knox Missouri</u>  |                           | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan -7- 1949. 5:30</u>   |  |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>   |                           | 21f. HOW DID INJURY OCCUR? <u>Riding in Truck and Hit by Santa Fe Train.</u>  |  |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. |                           |   |  |
| 23a. SIGNATURE <u>Keith Hudson</u> (Degree or title) <u>Coroner</u>   |                           | 23b. ADDRESS <u>Edina Missouri</u>  |  |
| 23c. DATE SIGNED <u>Jan 11-49</u>   |                           |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |                           | 24b. DATE <u>Jan-11-1949</u>  |  |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Maple Hill</u>  |                           | 24d. LOCATION (City, town, or county) (State) <u>Kirkville, Missouri</u>  |  |
| DATE REC'D BY LOCAL REG. <u>Jan-11-49</u>   |                           | REGISTRAR'S SIGNATURE <u>Neil S. Hundt</u>  |  |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>Keith Hudson</u>  |                           | ADDRESS <u>Edina Mo</u>   |  |

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

RECEIVED

District Health Officer No. 10

District File Number 1-48-96

Date Filed JAN. 17 1949

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.

Signed K. H. Hudson

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 2415

P. O. Address Edina, Missouri

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 this body is not embalmed, fact should be so stated above.