

FILED JUN 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20420

State File No.

2645

Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No.	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Jackson		b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		a. STATE Missouri		b. COUNTY Jackson	
c. LENGTH OF STAY (in this place) 5 8 1/2 mo.		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		d. STREET ADDRESS 3848 Charlotte Summit		3518	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cresthaven Nursing Home, 3516				d. STREET ADDRESS (If rural, give location) 3848 Charlotte Summit			
3. NAME OF DECEASED (Type or Print)		a. (First) VIOLETTA		b. (Middle) H.		c. (Last) VARNEY	
4. DATE OF DEATH		Month June		Day 20		Year 1951	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Dec. 8, 1859		9. AGE (In years last birthday) 91	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Chicago, Illinois		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Hoyt Sherman			13b. MOTHER'S MAIDEN NAME Rose Mehan			14. NAME OF HUSBAND OR WIFE Miss Norma Varney, 3848 Charlotte, KC Mo.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Miss Norma Varney, 3848 Charlotte, KC Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				Sudden	
DUE TO (b) Arteriosclerosis		DUE TO (c) arteriosclerotic heart disease				20 years	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Osteoporosis				20 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Feb 5, 1951 to June 20, 1951 , that I last saw the deceased alive on June 19, 1951 and that death occurred at 4:30 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE Florence E. Mac Innis (Degree or title) Flora Mac Innis MD M/D				23b. ADDRESS Kansas City, Mo.		23c. DATE SIGNED 6/20/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6-21-51		24c. NAME OF CEMETERY OR CREMATORY Mt. Muncie		24d. LOCATION (City, town, or county) (State) Leavenworth, Kansas	
DATE REC'D BY LOCAL REG. 6-21-51		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCURE, Kansas City, Missouri			

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Florence E. MacDermis
Prof. Belg.
U.C. 0840

1/16/1900

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
Student Embalmer

Signed *Joseph M. [Signature]*
Licensed Embalmer No. 4694

P. O. Address H.B.M.S.

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.