

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12851**

FILED APR 18 1955

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **106**

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

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Morgan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. LENGTH OF STAY (in this place) 3 days	c. CITY OR TOWN Florence R.F.D. d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital		e. STREET ADDRESS (If rural, give location) Rural, 7 Mi. S.W. Syracuse, Mo 0710	

3. NAME OF DECEASED (Type or Print) a. (First) ERNEST b. (Middle) LEE c. (Last) VARNER	4. DATE OF DEATH (Month) (Day) (Year) April. 11. 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July, 10. 1879	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and State or Foreign Country) Cooper County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Varner	13b. MOTHER'S MAIDEN NAME Mary Moore	14. NAME OF HUSBAND OR WIFE Verna Varner
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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. Unknown	17. INFORMANT'S SIGNATURE OR NAME Verna Varner (Wife)	ADDRESS Florence, Mo
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Concussion		INTERVAL BETWEEN ONSET AND DEATH 60 min.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute Pulmonary Edema		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Compression Fr. Cervical Vertebra			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF DEATH (War, in or about town, factory, street, office, etc.) Street Florence Mo.	21c. CITY, TOWN, OR TOWNSHIP Florence (COUNTY) Morgan (STATE) Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4 8 55 9P m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell from Pickup Truck
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22. I hereby certify that I attended the deceased from **4-9-1955** to **4-11-1955**, that I last saw the deceased alive on **4-11-1955**, and that death occurred at **4:30P m.**, from the causes and on the date stated above.

23a. SIGNATURE P. Siegel MD (Degree or title)	23b. ADDRESS Smithton Mo	23c. DATE SIGNED 4/11/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April. 14. 55	24c. NAME OF CEMETERY OR CREMATORY Syracuse Cemetery	24d. LOCATION (City, town, or county) (State) Syracuse, Missouri
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DATE REC'D BY LOCAL REG. 4-12-55	REGISTRAR'S SIGNATURE Lavinia Combs Dept. of Health - E. Parkhurst Lipton MD	25. FUNERAL DIRECTOR'S SIGNATURE _____ ADDRESS _____
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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 *James E. Richards*

Licensed Embalmer No. 2466

P. O. Address Tipton, Mi

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.