

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **41781**

FILED DEC 21 1956

Registrar's No. **5215**

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| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. 5215 | |
| 1. PLACE OF DEATH a. COUNTY JACKSON | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE KANSAS b. COUNTY CRAWFORD | | | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN KANSAS CITY township) | | c. LENGTH OF STAY (In this place) 8 DAYS | | c. CITY OR TOWN PITTSBURG | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION RESEARCH HOSPITAL | | | | * STREET ADDRESS (If rural, give location) \$158 | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) LEOTTA | | b. (Middle) E. | | c. (Last) VARNER | | 4. DATE OF DEATH (Month) (Day) (Year) 11 30 1956 | |
| 5. SEX FEMALE | | 6. COLOR OR RACE WHITE | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | | 8. DATE OF BIRTH Oct. 29, 1900 | |
| 9. AGE (In years last birthday) 56 | | IF UNDER 1 YEAR Months | | IF UNDER 1 YEAR Days | | IF UNDER 1 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE | | 10b. KIND OF BUSINESS OR INDUSTRY OWN HOME | | 11. BIRTHPLACE (City and State or Foreign Country) GREEN FOREST, ARKANSAS | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME WADE CAMPBELL | | 13b. MOTHER'S MAIDEN NAME ELIZABETH STEVENS | | 14. NAME OF HUSBAND OR WIFE BERNARD L. VARNER | | | |
| 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. NONE | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS BERNARD L. VARNER, PITTSBURG, KS. | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain Tumor, Malignant, Rt. Frontal lobe | | | | 3-5 Mos. | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hemorrhage into above tumor | | | | 36 hrs | |
| | | DUE TO (c) | | | | 193X | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <u>11-29</u> , 19 <u>56</u> to <u>11-30</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>11-30</u> , 19 <u>56</u> , and that death occurred at <u>7:30 P</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Donald F. Coburn (Degree or title) c | | | | 23b. ADDRESS 411 Nichols Road Kansas City, Mo | | 23c. DATE SIGNED 12-7-56 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | | 24b. DATE 12-1-56 | | 24c. NAME OF CEMETERY OR CREMATORY - | | 24d. LOCATION (City, town, or county) (State) PITTSBURG, KANSAS. | |
| DATE REC'D BY LOCAL REG. 12-1-56 | | REGISTRAR'S SIGNATURE Neva Marshall | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS FREEMAN MORTUARY, KANSAS CITY, MO. | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

REC 2 1 1951

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 *Rayton K. Barnes*

Licensed Embalmer No. *479*

P. O. Address *A. C. Mo.*

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.