

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 0 2 2 1 6 9
STATE FILE NUMBER

FILED JUN 25 1957

Registration District No. 291 Primary Registration District No. 4433 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY PUTNAM		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY PUTNAM	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN UNIONVILLE Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN POWERSVILLE Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b HOSPITAL OR INSTITUTION MORRIS HOSPITAL 2da		d. STREET ADDRESS (If outside, give location) Reside on Farm TOWN - MAIN Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last LONA - STARK			4. DATE OF DEATH Month Day Year JUNE-10-57		
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH OCT 11 1867	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months Days Hours Min. 7 29 - -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOMEMAKER		10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (City and state or country) IOWA	12. CITIZEN OF WHAT COUNTRY? US	
13. FATHER'S NAME WESLEY VARNER			14. MOTHER'S MAIDEN NAME SARAH JANE LOGAN		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) no		16. SOCIAL SECURITY NO. no	17. INFORMANT Wm STARK - POWERSVILLE MO Address		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Comminuted fracture Right hip		INTERVAL BETWEEN ONSET AND DEATH 48 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Senility		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a). no		

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION POWERSVILLE MO	COUNTY PUTNAM	STATE MO
21. I attended the deceased from 6-8-57 to 6-10-57 and last saw her alive on 6-10-57 Death occurred at 6:20 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE (Degree or title) L. W. McDonald Sr		22b. ADDRESS Unionville, MO		22c. DATE SIGNED 6-14-57

23a. BURIAL, CREMATION, REMOVAL (Specify) B	23b. DATE JUN 13 57	23c. NAME OF CEMETERY OR CREMATORY POWERSVILLE CEM.	23d. LOCATION (City, town, or county) (State) POWERSVILLE MO
24. FUNERAL DIRECTOR J. D. ...	ADDRESS Unionville, MO	25. DATE RECD. BY LOCAL REG. 6-21-57	26. REGISTRAR'S SIGNATURE Marshall ...

(Licensed Embalmer's Statement on Reverse Side)

00 56
 0
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

JUL 1 1957

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 *Murd E. Huster*

Licensed Embalmer No. *32*

P. O. Address *Unknown*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.