MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-019611
STATE FILE NUMBER

Registration District No. 103 Primary Registration District No. 5417 Registrar's No. 14

FILED JUN 11 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0350
2 0350
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4 0
5 1
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12 90-0
13 2-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Dunklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Clay Township
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Residence
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Dunklin
c. CITY OR TOWN: Hornersville
Inside Limits: Yes ☒ No ☒
d. STREET ADDRESS (If outside, give location): Gen. Del.
Reside on Farm: Yes ☒ No ☒

3. NAME OF DECEASED (Type or print): First: Eddie Middle: Franklin Last: Varnell

4. DATE OF DEATH: Month: June Day: 7, Year: 1963

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9/19/1890
9. AGE (last birthday): 72
IF UNDER 1 YEAR: Months: 8 Days: 18
IF UNDER 24 HR: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Logan Co., Ark.
12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: Sam
13b. MOTHER'S MAIDEN NAME: Nancy Martin
14. NAME OF HUSBAND OR WIFE: Lila Grace Varnell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of serv
16. SOCIAL SECURITY NO.:
17. INFORMANT: Lila Grace Varnell Address: Hornersville, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Renal failure — INTERVAL BETWEEN ONSET AND DEATH: 7 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): arteriosclerotic cardiovascular disease — 25 years
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Diabetes Mellitus
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 11/16/60 to 6/7/63 and last saw ~~her~~ him alive on 6/7/63
Death occurred at 3:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: R. F. Polenske (Degree or title) M.D.
22b. ADDRESS: Hornersville, Mo
22c. DATE SIGNED: 6/10/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6/9/1963
23c. NAME OF CEMETERY OR CREMATORY: Horner
23d. LOCATION (City, town, or county) (State): (Near) Hornersville, Mo.

24. FUNERAL DIRECTOR ADDRESS: McDaniel Funeral Service, Senath, Mo.
25. DATE RECD. BY LOCAL REG.: 6/9/63
26. REGISTRAR'S SIGNATURE: Sue Palenske

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed Benny D. Bradshaw

Signature of Student Embalmer

Licensed Embalmer No. 5213

P. O. Address Genoth, Va

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.

permit obtained 6/9/63
Sue Palenske