

FILED FEB 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

63

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Mexico</u> <u>3</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico</u> <u>32 years</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>A.P. Green Fire Brick Co.</u>		d. STREET ADDRESS (If rural, give location) <u>1421 S. Calhoun St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) Charles Alvin b. (Middle) Varnon c. (Last) _____
4. DATE OF DEATH (Month) (Day) (Year) Jan. 26, 1949

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH April 21, 1887 9. AGE (In years last birthday) 61 IF UNDER 1 YEAR Months _____ Days _____ IF OVER 1 YEAR Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer 10b. KIND OF BUSINESS OR INDUSTRY Fire Brick 11. BIRTHPLACE (State or foreign country) Hallsville, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Louis Varnon 13b. MOTHER'S MAIDEN NAME Patty Brooks 14. NAME OF HUSBAND OR WIFE Mary Varnon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) No (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. 49-05-5769 17. INFORMANT'S SIGNATURE OR NAME Mary Varnon ADDRESS , Mexico, 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, assthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crownary Occlusion MEDICAL CERTIFICATION
INTERVAL BETWEEN ONSET AND DEATH 19 Seconds

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? O.

22. I hereby certify that I attended the deceased from Jan 26, 1949, to Jan 26, 1949, that I last saw the deceased alive on dead on arrival, and that death occurred at 12:05 P. m., from the causes and on the date stated above.

23a. SIGNATURE Ed Garcia MD (Degree or title) 23b. ADDRESS Mexico Mo 23c. DATE SIGNED Jan/27/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Jan. 28, 1949 24c. NAME OF CEMETERY OR CREMATORY Elmwood 24d. LOCATION (City, town, or county) (State) Mexico Mo.

DATE REC'D BY LOCAL REG. Jan 28-1949 REGISTRAR'S SIGNATURE Blanche Neely 25. FUNERAL DIRECTOR'S SIGNATURE Carl E. Cook ADDRESS , Mexico, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

4
3

RECEIVED

District Health Officer No. 10

District File Number 2-48-20

Date Filed FEB 2 - 1949

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 Earl S. Prugh.....

Licensed Embalmer No. 3189.....

P. O. Address Meigs, 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 this body is not embalmed, fact should be so stated above.