

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31180**

FILED SEP 28 1950

BIRTH NO. _____		REG. DIST. NO. <u>245</u>		PRIMARY REG. DIST. NO. <u>3047</u>		Registrar's No. <u>94</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>NEWTON</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>NEOSHO</u>		a. STATE <u>MISSOURI</u>		b. COUNTY <u>NEWTON</u>	
c. LENGTH OF STAY (In this place) <u>1 DAY</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL</u>		OR: TOWN <u>TOPLIN</u>		0730	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SALE MEMORIAL HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>ESSIE</u>		b. (Middle) <u>L.</u>		c. (Last) <u>VARNER</u>	
4. DATE OF DEATH		(Month) (Day) (Year)		<u>SEPTEMBER 12 1950</u>			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>4-2-1878</u>		9. AGE (In years last birthday) Months Days Hours Min. <u>72 3 10</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SCHOOL TEACHER</u>		11. BIRTHPLACE (State or foreign country) <u>TOWA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>S. K. MORGAN</u>		13b. MOTHER'S MAIDEN NAME <u>No DATA.</u>		14. NAME OF HUSBAND OR WIFE <u>WALTER VARNER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. FRANK McPHERSON FAYETTEVILLE ARK. MISS.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Concussion & fracturing skull crushed chest & fracturing left femur</u> DUE TO (c) <u>Car accident</u>				<u>8 1/2 hr</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Public highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Mc Donald County Mo Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12:45 p.m. Sept 12 1950</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Automobile accident - mvd</u>			
22. I hereby certify that I attended the deceased from <u>Sept 12, 1950</u> , to <u>Sept 12, 1950</u> , that I last saw the deceased alive on <u>Sept 12, 1950</u> , and that death occurred at <u>4:25 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Melvin C. Bowman M.D.</u>				23b. ADDRESS <u>Neosho, Mo</u>		23c. DATE SIGNED <u>Sept 17 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIED</u>		24b. DATE <u>9-15-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WEBB CITY CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>WEBB CITY, MO</u>	
DATE REC'D BY LOCAL REG. <u>Sept 13, 1950</u>		REGISTRAR'S SIGNATURE <u>Melvin C. Bowman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>HEDGE LEWIS</u>		ADDRESS <u>WEBB CITY, MO.</u>	

0732

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

RECEIVED

District Health Officer No. NEWTON COUNTY HEALTH DEPT.

District File Number 950-209

Date Filed SEP 19 1950

NOV 29 1950

SEP 5 1950

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 Leonard J. Lewis D.

Licensed Embalmer No. 4561

P. O. Address Webb City, 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.