

STANDARD CERTIFICATE OF DEATH

State File No. 26476

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 84 PRIMARY REG. DIST. NO. 5319 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>Cooper 0270</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Atterville Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Atterville Twp 0270</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) <u>JULIA</u>		b. (Middle) <u>ANN</u>		c. (Last) <u>VARNER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 9, 1951</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>Nov. 17, 1863</u>	
9. AGE (In years last birthday) <u>87</u>		10. UNDER 1 YEAR (Months) (Days) <u>8 23</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Teacher</u>					

13a. FATHER'S NAME <u>John B. Jenkins</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Ann Dempsey</u>		14. NAME OF HUSBAND OR WIFE <u>Frank Varner</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>_____</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Margaret Jenkins</u> ADDRESS <u>Atterville Mo</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MYOCARDIAL Degeneration</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>HYPERTENSION</u>			
		DUE TO (c) <u>ARTERIOSCLEROSIS</u>			
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 <u>443x</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 11-23, 1950, to Aug. 9, 1951, that I last saw the deceased alive on Aug 9, 1951, and that death occurred at 11 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>F. W. Johnson</u> (Degree or title) <u>N.O.</u>		23b. ADDRESS <u>Atterville Mo</u>		23c. DATE SIGNED <u>Aug. 10, 1951</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 11, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>F.O.O.F Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Atterville, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Aug. 10, 1951</u>		REGISTRAR'S SIGNATURE <u>Willie Mullett</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hayes Painter</u> ADDRESS <u>Atterville Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 8-21-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 9-21-51

SEP 21 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 \_\_\_\_\_  
Student Embalmer

Signed Robert L. Painter

Licensed Embalmer No. 4069

P. O. Address Otterville, 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.