

APR 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11984

State File No.

BIRTH NO. 35193 REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 5111 Registrar's No. 27

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|---|--|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Bollinger</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bollinger</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Liberty</u> | | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Liberty</u> <u>0090</u> | | |
| c. LENGTH OF STAY (In this place) <u>life</u> | | | d. STREET ADDRESS (If rural, give location) <u>Hahn, Mo.</u> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hahn, Mo.</u> | | | | | |

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|--|----------------------------------|--|--|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Garie</u> b. (Middle) <u>Wayne</u> c. (Last) <u>Varvil,</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>4</u> <u>2</u> <u>52</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u> | 8. DATE OF BIRTH <u>6-19-51</u> | | 9. AGE (In years last birthday) <u>9</u> <u>14</u> <u>Months</u> <u>Days</u> <u>Hours</u> <u>Mins.</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> <u>0</u> | |
| | | | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |

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|--|--|--|--|--|--|
| 13a. FATHER'S NAME <u>W.D. Varvil,</u> | | 13b. MOTHER'S MAIDEN NAME <u>Avis Phillips,</u> | | 14. NAME OF HUSBAND OR WIFE <u>none</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>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mother, Mrs W.D. Varvil, Hahn, Mo.</u> | |

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|---|--|---|--|---|--|
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Meningeal meningitis.</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death. Labor pneumonia.</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> | |
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|--|--|--|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>0570</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | |

22. I hereby certify that I attended the deceased from 6-19-, 1951, to 4-2, 1952, that I last saw the deceased alive on 4-1, 1952, and that death occurred at _____ m., from the causes and on the date stated above.

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|---|--|--------------------------------------|--|---|--|
| 23a. SIGNATURE <u>Emmett P. Price, Jr.</u> (Degree or title) | | 23b. ADDRESS <u>Luttrell, Mo.</u> | | 23c. DATE SIGNED <u>4/25/52</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 24b. DATE <u>4-3-52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Union Hill cemetery</u> | |
| | | | | 24d. LOCATION (City, town, or county) (State) <u>Hahn, Mo.</u> | |

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|--|--|--|--|--|--|
| DATE REC'D BY LOCAL REG. <u>Apr. 23. 52</u> | | REGISTRAR'S SIGNATURE <u>Willie Can Ambrugh</u> <u>25-0</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Coy Shethy. Luttrell, Mo.</u> | |
| | | | | ADDRESS | |

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

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 _____

Wasent Embalmed

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

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.