

FILED MAR 16 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10337

Registrar's No. 25

BIRTH NO. _____		REG. DIST. NO. 160		PRIMARY REG. DIST. NO. 3029		Registrar's No. 25	
1. PLACE OF DEATH a. COUNTY Jefferson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Jeff.			
b. CITY (If outside corporate limits, write RURAL and give township) Crystal City			c. LENGTH OF STAY (In this place)			c. CITY (If outside corporate limits, write RURAL and give township) Crystal City 0501	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 417 Taylor Ave			
3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Barbara c. (Last) Varner			4. DATE OF DEATH (Month) (Day) (Year) MARCH 4-1953				
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Aug 27-1866	
9. AGE (In years last birthday) 86		10. MONTHS 6		11. DAYS 7		12. HOURS 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework			10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (City and State or Foreign Country) Iron County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Husband Kenner			13b. MOTHER'S MAIDEN NAME Martha Blankenship			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Gene Woodward Flat River, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease  ANTECEDENT CAUSES DUE TO (b) Generalized arteriosclerosis DUE TO (c) Hypertension  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4/200					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)		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 Aug 12, 1952, to Feb 27, 1953 that I last saw the deceased alive on Feb 27, 1953, and that death occurred at 5:00 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Type or Print) Zetula Dreyer Mc				23b. ADDRESS Fehs, Mo		23c. DATE SIGNED 2/5/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-7-53		24c. NAME OF CEMETERY OR CREMATORY Roseawn Memorial		24d. LOCATION (City, town, or county) (State) Crystal City, Mo.	
DATE REC'D BY LOCAL REG. 3-5-53		REGISTRAR'S SIGNATURE (Type or Print) Gentry R. Polite 4447		FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Gentry R. Polite Crystal City, Mo.			

(Licensed Embalmers' Statement on Reverse Side)

501  
1  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DATE RECEIVED MAR 12 1953  
JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

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 Geoffrey R. Polite

Licensed Embalmer No. 3481

P. O. Address Crystal 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.