

STANDARD CERTIFICATE OF DEATH

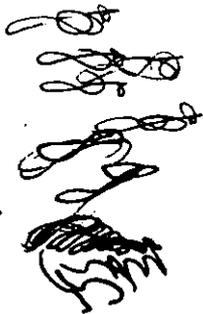
FILED OCT 5 1954

State File No. 81459

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

BIRTH NO. _____		REG. DIST. NO. <u>282</u>		PRIMARY REG. DIST. NO. <u>597</u>		Registrar's No. <u>110</u>	
1. PLACE OF DEATH a. COUNTY <u>Polk</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>			
b. CITY OR TOWN <u>Balvian (Marion)</u>		c. LENGTH OF STAY (In this place) <u>49 yrs.</u>		c. CITY OR TOWN <u>Balvian Mo</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 Miles West of Balvian</u>				e. STREET ADDRESS (If rural, give location) <u>Home 3 Miles West of Balvian</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Charley</u>		b. (Middle) <u>Robert</u>		c. (Last) <u>Varis</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>April 9 1954</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>wh</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Nov. 18 1894</u>		9. AGE (In years last birthday) <u>59</u>		10. MONTHS <u>4</u>		11. DAYS <u>32</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Halvay Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William Albert Varis</u>		13b. MOTHER'S MAIDEN NAME <u>Rosa D. Jones</u>		13c. NAME OF HUSBAND OR WIFE <u>Clara Lee Varis</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>yes WW I</u>		16. SOCIAL SECURITY NO. <u>186-30-5812</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ms. Clara Lee Varis, Balvian Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Heart Failure</u>				Substit	
		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 <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)		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 <u>April 9, 1954</u> to _____, 19____, that I last saw the deceased alive on <u>7/9</u> , 19 <u>54</u> , and that death occurred at <u>7:30 A. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Wesley P. Brown</u> (Degree or title) <u>Dr.</u>				23b. ADDRESS <u>Balvian, Mo.</u>		23c. DATE SIGNED <u>4/10/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 10 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Keed Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Near Halvay Mo</u>	
DATE REC'D BY LOCAL REG. <u>Sept 30, 1954</u>		REGISTRAR'S SIGNATURE <u>Ralph Gordon</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wesley P. Brown, Balvian Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)



MAR 17 1958

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
Signature of Student Embalmer

Signed *Edward R. Erwin*

Licensed Embalmer No. *3092*

P. O. Address *Calicut, Md.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.