No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29385

BIRTH NO. 55840-55 REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 103

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

1. PLACE OF DEATH
a. COUNTY: DUNKLIN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KENNETT
c. LENGTH OF STAY (in this place): LIFE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DUNKLIN MEMORIAL HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: DUNKLIN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ARBYRD RT. 1
d. STREET ADDRESS (If rural, give location): 0350

3. NAME OF DECEASED (Type or Print)
a. (First): DEBRA
b. (Middle): LYNN
c. (Last): VARNELL

4. DATE OF DEATH (Month) (Day) (Year): 8-21-55

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: 8-20-55
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours 15 Min. 20

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): INFANT
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): KENNETT MO.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: JACK VARNELL
13b. MOTHER'S MAIDEN NAME: MILDRED STAFFORD
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): NO
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: JACK VARNELL ADDRESS: ARBYRD MO. RT. 1

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Prematurely

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c): 776X

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:
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-20- *19* 55 *to* 8-21- *19* 55 *that I last saw the deceased alive on* 8-21-55 *19* 55 *and that death occurred at* 11:45 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George [illegible] MD
23b. ADDRESS: Kennett Mo
23c. DATE SIGNED: 9-2-55

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 8-22-55
24c. NAME OF CEMETERY OR CREMATORY: LULU CEMETERY
24d. LOCATION (City, town, or county) (State): SENATH RT. MO.

DATE REC'D BY LOCAL REG.: 9-3-1955
REGISTRAR'S SIGNATURE: Earl Husband 90-1
25. FUNERAL DIRECTOR'S SIGNATURE: HOWARD FUNERAL SERVICE
ADDRESS: LEACHVILLE ARK.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DUNKLIN COUNTY HEALT
DEPARTMENT 9-9-55
COUNTY FILE NUMBER 955-

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 Unembalmed, Student Embalmer No. ..... working under my personal supervision.

Student ..... Student Embalmer

Signed W. H. Hearne

Licensed Embalmer No. 3959

P. O. Address Leachville, Ark.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.