

Health,
Welfare
Public
Service

300
1-56

Director, coroner, etc. must use only standard nomenclature in item 18. No symptoms written on this form. Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JUL 8 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

199925

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 240

1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Putnam</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirksville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Powersville</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>K. O.H.</u>		Length of stay in lb		086 ⁰ STREET ADDRESS <u>R. F.D. York Twp.</u>		(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>First Middle Last</u> <u>Roger Earl Varner</u>				4. DATE OF DEATH <u>July 1, 1957</u> Month <u>July</u> Day <u>1</u> Year <u>1957</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Jan. 6, 1935</u>		9. AGE (In years last birthday) <u>22</u> IF UNDER 1 YEAR: Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u> IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</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>Farm</u>		11. BIRTHPLACE (City and state or country) <u>Putnam County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Earl Varner</u>				14. MOTHER'S MAIDEN NAME <u>Susie Rebecca Callison</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>497 40 6735</u>		17. INFORMANT <u>Mrs. Orval G. Hobbs, Galt, Mo.</u> Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>acute myocardial failure</u> DUE TO (b) <u>shock and renal insufficiency</u> DUE TO (c) <u>skin grafting procedure</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FORMAL DISEASE CONDITION GIVEN IN PART I(a) <u>Hay baler injury June 6, 1957</u>							INTERVAL BETWEEN ONSET AND DEATH <u>6 hr</u>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Patient injured both hands & arms in bales</u>						
20c. TIME OF INJURY <u>4:00 p. m. 6-6-57</u>	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>farm</u>						
20e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION <u>Powersville</u>		20g. COUNTY <u>Putnam</u>		20h. STATE <u>Mo.</u>		
21. I attended the deceased from <u>6-8-57</u> to <u>7-1-57</u> and last saw <u>him</u> alive on <u>7-1-57</u> Death occurred at <u>7:25 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Chas. M. Hawes</u>				22b. ADDRESS <u>Kirksville, Mo.</u>		22c. DATE SIGNED <u>7-2-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>7/2/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Unionville</u>		23d. LOCATION (City, town, or county) (State) <u>Unionville, Mo.</u>			
24. FUNERAL DIRECTOR <u>Charles P. Pelf</u> ADDRESS <u>Kirksville, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>7-3-1957</u>		26. REGISTRAR'S SIGNATURE <u>Dore W. Pethly</u>		

(Licensed Embalmer's Statement on Reverse Side)

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JUL 15 1957

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 *George W. Davall*

Licensed Embalmer No. *4*
P. O. Address *Kirkland*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.