

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008716
STATE FILE NUMBER

FILED MAR 20 1958

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY Barry			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lawrence		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monett		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Monett		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Vincent Hosp		Length of stay in lb 55 yrs.	d. STREET ADDRESS (If outside, give location) N. 9th St. Road		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First EARL Middle DAYTON Last VARNER			4. DATE OF DEATH Month Mar. Day 13 Year 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 24, 1897	9. AGE (In years less birthday) 60	IF UNDER 1 YEAR Months 6 Days 19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Frisco Railway		10b. KIND OF BUSINESS OR INDUSTRY Employe	11. BIRTHPLACE (City and state or country) Cassville, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME P.A. Varner		13b. MOTHER'S MAIDEN NAME Lucy Reynolds		14. NAME OF HUSBAND OR WIFE Burnetta Varner	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes give war or dates of service) Yes		16. SOCIAL SECURITY NO. 702-07-6655	17. INFORMANT Address Mrs. Burnetta Varner Monett, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY OCCLUSION					INTERVAL BETWEEN ONSET AND DEATH 1 hr. 15 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>See hospital at least 4 specimens of myocardial infarction</i>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input 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.)			
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____		
21. I attended the deceased from 2-6-48 to 11-19-58 and last saw ^{her} him alive on 11-19-58 Death occurred at 10:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Robert P. Dowley M.D.</i> (Degree or title)			22b. ADDRESS Monett, Missouri		22c. DATE SIGNED 3-14-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/15/58	23c. NAME OF CEMETERY OR CREMATORY I.O.O.F.		23d. LOCATION (City, town, or county) (State) Monett, Mo.
24. FUNERAL DIRECTOR J. D. Buchanan Monett, Mo.			25. DATE RECD. BY LOCAL REG. 3-15-58		26. REGISTRAR'S SIGNATURE <i>Mr. P. N. Cook</i>

(Licensed Embalmer's Statement on Reverse Side)

alth, welfare, public health, and safety
 Doctor, coroner, etc. must use any space available
 All diseases in Part I must be causally related.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 358-54

DATE REC. 3-18-58

MAR 28 1958
MAR 21 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 *J. P. Buchanan*

Licensed Embalmer No. 3179

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