

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038626

STATE FILE NUMBER

FILED OCT 21 1958

Registration District No. 354

Primary Registration District No. 6200

Registrar's No. 71

300
-57

1. PLACE OF DEATH a. COUNTY TEXAS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY TEXAS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CABOOL (MORRIS)		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN CABOOL
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb LIFETIME	d. STREET ADDRESS (If outside, give location) Rt # 2 CABOOL, MO
3. NAME OF DECEASED (Type or print) First ISAAC Middle VARNELL Last VARNELL			4. DATE OF DEATH Month 10 Day 10 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 FEB. 16 1888
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years from birthday) 70
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (City and state or country) BADO, MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME ISAAC VARNELL		13b. MOTHER'S MAIDEN NAME MARY HORN	14. NAME OF HUSBAND OR WIFE Aillia VARNELL
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Year of unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 497-12-8965	17. INFORMANT VARREL NOEL Address Rt # 2 CABOOL, 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) Carcinoma of lip with systemic metastases			INTERVAL BETWEEN ONSET AND DEATH 2 years?
Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			1409
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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 _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT WORK <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 1956 to Sept 16 1958 and last saw him alive on Sept 16 1958 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Gaynell Cunningham (Degree or title) _____	
22b. ADDRESS Cabool, MO		22c. DATE SIGNED 10/12/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 10-12-58	23c. NAME OF CEMETERY OR CREMATORY BADO CEMETERY	23d. LOCATION (City, town, or county) (State) BADO MO.
24. FUNERAL DIRECTOR LYNN EVANS ADDRESS HOUSTON, MO.		25. DATE RECD. BY LOCAL REG. 10-14-58	26. REGISTRAR'S SIGNATURE Gaynell Cunningham

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Lewell C. Craig*

Licensed Embalmer No. *4766*

P. O. Address *Mt. Grove, Pa.*

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.