

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011736
STATE FILE NUMBER

FILED MAR 30 1959 Registration District No. 317 Primary Registration District No. 547 Registrar's No. 749

1. PLACE OF DEATH a. COUNTY ST LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY MADISON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RICHMOND HEIGHTS Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN GRANITE CITY Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARY'S HOSPITAL Length of stay in lb 2 MONTHS		d. STREET ADDRESS (If outside, give location) 4247 HIGHWAY 162 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First DONALD Middle JOE Last VARADY			4. DATE OF DEATH Month 3 Day 18 Year 1959			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 2-22-1935	9. AGE (In years last birthday) 24	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SLINGER OPERATOR		10b. KIND OF BUSINESS OR INDUSTRY GEN. STEEL CAST.		11. BIRTHPLACE (City and state or country) GRANITE CITY, ILL.		12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME JOSEPH VARADY		14. MOTHER'S MAIDEN NAME LOIS THOMPSON	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 340-28-8886	
17. INFORMANT Lois Harp		Address 4247 Hwy 162 City Granite	

18. CAUSE OF DEATH [Enter only one cause pertaining to (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Port operator Suerphleparaty		INTERVAL BETWEEN ONSET AND DEATH 1 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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? 2 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 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 1-27-59 to 3-18-59 and last saw her alive on 3-18-59 Death occurred at 9:20 a m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE J. A. Smittle (Degree or title)				22b. ADDRESS 100 No. Euclid, St. Louis, Mo.	
				22c. DATE SIGNED 3-19-59	

23a. BURIAL, CREMATION, REMOVAL REMOVAL		23b. DATE 3-18-1959		23c. NAME OF CEMETERY OR CREMATORY SUNSET HILL CEMETERY		23d. LOCATION (City, town, or county) (State) EDWARDSVILLE, ILLINOIS	
24. FUNERAL DIRECTOR Frank Mece ADDRESS Granite City, Ill.				25. DATE RECD. BY LOCAL REG. 3-20-59		26. REGISTRAR'S SIGNATURE John C. Murphy, M.D./M	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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S.D.
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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 *Winston C. Skelliam*

Licensed Embalmer No. *50*

P. O. Address *Granite Co.*

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.