URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-030851

FILED VS SEP 6 1960

Registration District No. 149 Primary Registration District No. 6002 Registrar's No. 4325 STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City
Length of stay in 1b 18 yrs.
c. FULL NAME OF IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Divergee Hospital
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Jackson
c. CITY OR TOWN Kansas City
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1815 E. 7th St.
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Samuel Middle R. Last Varner

4. DATE OF DEATH Month 8 Day 18 Year 60

5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 2-9-1899
9. AGE (last birthday) 61
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and state or country) Tuscumbia, Mo
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Logan Varner
13b. MOTHER'S MAIDEN NAME unk
14. NAME OF HUSBAND OR WIFE Wilsie

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. 500-09-9818A
17. INFORMANT Wilsie Varner Address 1815 E 7

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Aortic stenosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 8-15-60, to 8-18-60 and last saw ~~her~~ him alive on 8-18-60
Death occurred at 10:45p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE H. L. Dwyer M.D. (Degree or title)
22b. ADDRESS 2401 Cherry
22c. DATE SIGNED 8-22-60

BY AFFIDAVIT OF H. L. Dwyer

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 8-22-1960
23c. NAME OF CEMETERY OR CREMATORY Mt Calvary
23d. LOCATION (City, town, or county) (State) KC, Kansas

24. FUNERAL DIRECTOR Vassantino Bros ADDRESS KC MO
25. DATE RECD. BY LOCAL REG. 8-22-60
26. REGISTRAR'S SIGNATURE H. L. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed L C Passantino
Signature of Student Embalmer

Licensed Embalmer No. 4554

P. O. Address KC Mo

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