

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-033475

Registration District No. 326 Primary Registration District No. _____ Registrar's No. 31

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Scotland				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Scotland									
b. CITY (If outside corporate limits, give TOWNSHIP only) Memphis		Length of stay in 1b 50 yrs.		c. CITY OR TOWN Memphis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Community Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Dallas Middle Varnold Last Varnold				4. DATE OF DEATH Month Aug. Day 30 Year 1960									
5. SEX male		6. COLOR OR RACE white		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 5-23-1869		9. AGE (last birthday) 91		IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____		IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) McDonough Co. Ill.		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME Arthur Varnold				13b. MOTHER'S MAIDEN NAME Amanda German				14. NAME OF HUSBAND OR WIFE Viola Varnold					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. 496-14-0852		17. INFORMANT Address Mrs. Edith Prather Memphis, 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) Cerebral Hemorrhage										INTERVAL BETWEEN ONSET AND DEATH 3 hrs			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										DUE TO (b) Arteriosclerosis		10 yrs	
DUE TO (c)													
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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.		Month, Day, Year											
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 July 7 - 1955 to Aug 30 - 60 and last saw him alive on Aug 30 1960 Death occurred at 8 A m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE Anna Teethler D.O.				22b. ADDRESS Memphis, Mo.				22c. DATE SIGNED 9-1-60					
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 9-1-1960		23c. NAME OF CEMETERY OR CREMATORY Memphis		23d. LOCATION (City, town, or county) Memphis		STATE Mo.					
24. FUNERAL DIRECTOR W. J. Payne & Sons				ADDRESS Memphis, Mo.		25. DATE RECD. BY LOCAL REG. 9-2-60		26. REGISTRAR'S SIGNATURE Vera G. Purner					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 _____
Signature of Student Embalmer

Signed Neal Payne

Licensed Embalmer No. 2550

P. O. Address Memphis

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