

MISSOURI DIVISION OF PUBLIC HEALTH AND WELFARE

STANDARD CERTIFICATE OF DEATH

-61-033979

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 316 Primary Registration District No. Registrar's No. 383

STATE FILE NUMBER

AMENDED

FILED OCT 11 1961

1. PLACE OF DEATH a. COUNTY St. Francois				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jefferson										
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RFD # 1, Farmington		Length of stay in lb		c. CITY OR TOWN Imperial		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francois Twp.			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) RFD # 2		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
3. NAME OF DECEASED (Type or print) First Myrtle Middle C. Last Varnell				4. DATE OF DEATH Month October Day 1 Year 1961										
5. SEX Female		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 1/11/1886		9. AGE (last birthday) 75		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) housewife				10b. KIND OF BUSINESS OR INDUSTRY Adamsville, Tennessee				12. CITIZEN OF WHAT COUNTRY USA						
13a. FATHER'S NAME Peter Christopher				13b. MOTHER'S MAIDEN NAME Phoebe Brumley				14. NAME OF HUSBAND OR WIFE Nick Varnel (deceased)						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)						17. INFORMANT Address Frank Varnell 4216 Holly Avenue St. Louis, Missouri								
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic myocarditis & myocardial degeneration.										INTERVAL BETWEEN ONSET AND DEATH 5 yrs				
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)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 12-6-60 to 9-27-61 and last saw her alive on 9-27-61 Death occurred at 4:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.														
22a. SIGNATURE (Degree or title) WHD Morris MD						22b. ADDRESS Flat River Mo.			22c. DATE SIGNED 10-2-1961					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10/4/61		23c. NAME OF CEMETERY OR CREMATORY Mount Hope Cemetery			23d. LOCATION (City, town, or county) (State) Lemay Missouri							
24. FUNERAL DIRECTOR Hofmeister Mortuary St. Louis, Missouri				25. DATE RECD. BY LOCAL REG. Oct. 2, 1961		26. REGISTRAR'S SIGNATURE Ethera Rullhoff								

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1961 OCT 11 100

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 Carl J. Miller

Licensed Embalmer No. 3752

P. O. Address Farmington, Vt.

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.