

FILED JAN 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40728

State File No.

420

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4214 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Deepwater Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Deepwater</u> <u>0429</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>William</u>	b. (Middle) <u>Harrison</u>	c. (Last) <u>Varner</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 29 1954</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>March 30, 1902</u>	9. AGE (In years last birthday) <u>52</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>29</u>	IF UNDER 1 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Motor Vehicle Service</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Post Office Department</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Daniel Grant Varner</u>	13b. MOTHER'S MAIDEN NAME <u>Ada Florence Smith</u>	14. NAME OF HUSBAND OR WIFE <u>XXXXXXXXXXXX</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes Coast Artillery</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Ada Varner</u>	ADDRESS <u>Deepwater Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>chronic silicosis</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>5230</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1938, to Dec. 29, 1954, that I last saw the deceased alive on Dec. 29, 1954, and that death occurred at 2:20 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. E. Baggardy MD</u> (Degree or title) <u>0</u>	23b. ADDRESS <u>Montrose Mo</u>	23c. DATE SIGNED <u>12-30-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 31 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wears Chapel Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Near Deepwater Mo</u>
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DATE REC'D BY LOCAL REG. <u>Dec 31-54</u>	REGISTRAR'S SIGNATURE <u>Florence A. Davis</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>James H. ...</u> ADDRESS <u>Deepwater Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SSAI 22 NOV

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
Student Embalmer

Signed *Jan Hest*

Licensed Embalmer No. *2782*

P. O. Address *Desperator MD*

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 this body is not embalmed, fact should be so stated above.