

1098

FILED SEP 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29108

BIRTH NO. _____ REG. DIST. NO. 363 PRIMARY REG. DIST. NO. 8336 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY Warren		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Warren	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Charrette		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Charrette	
c. LENGTH OF STAY (in this place) 13 yrs.		d. STREET ADDRESS (If rural, give location) 3 miles S. Concord Hill, Mo.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Francis b. (Middle) X c. (Last) Volkerding			4. DATE OF DEATH (Month) (Day) (Year) Aug. 23 1949		
5. SEX 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Dec. 3, 1935	9. AGE (In years last birthday) 13	if UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) 0		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Leo Volkerding	13b. MOTHER'S MAIDEN NAME Ellen Duebbert	14. NAME OF HUSBAND OR WIFE None
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE, OR NAME ADDRESS Walter J. Volkerding, Treloar Mo.
---	--	---

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broken neck, by hanging		INTERVAL BETWEEN ONSET AND DEATH 897XX
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) By voluntarily hanging hanging with a rope DUE TO (c) hanging a broken neck		
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Barn	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Charotte township Warren Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 22 1949 10:30	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? By voluntarily hanging self

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE D. C. Cameron (Degree or title)	23b. ADDRESS Warren Mo.	23c. DATE SIGNED Aug 23/49
---	--------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 25-1949	24c. NAME OF CEMETERY OR CREMATORY Concord Hill	24d. LOCATION (City, town, or county) (State) Concord Hill, Missouri
---	-------------------------------	--	---

DATE REC'D BY LOCAL REG. August 24, 1949	REGISTRAR'S SIGNATURE Walter J. Volkerding	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Edmund F. Lichtenberg Northville Mo.
---	---	--

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

RECEIVED
AUG 29 1949
District Health Officer No. 9,
District File Number

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 Delmont V. Richterberg

Licensed Embalmer No. 4318

P. O. Address Marthasville, Mo.

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.