

FILED MAR 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 4363
Registrar's No. 34

BIRTH NO. _____		REG. DIST. NO. 116		PRIMARY REG. DIST. NO. 3020		Registrar's No. 34	
1. PLACE OF DEATH a. COUNTY Franklin.				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 Washington.		c. LENGTH OF STAY (In this place) 4 days.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Treloar, Rural, 1090			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital.				d. STREET ADDRESS (If rural, give location) R.F.D. 1			
3. NAME OF DECEASED (Type or Print) a. (First) Cecilia		b. (Middle) Ann		c. (Last) Volkerding		4. DATE OF DEATH (Month) (Day) (Year) Feb. 28, 1951.	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Mar. 26, 1929	
9. AGE (In years last birthday) 21		10. MONTHS 11		11. DAYS 2		12. HOURS IN WEEK None	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None.		10b. KIND OF BUSINESS OR INDUSTRY None.		11. BIRTHPLACE (State or foreign country) Treloar, Mo. R.F.D. 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Leo H. 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. None.		17. INFORMANT'S SIGNATURE OR NAME Leo H. Volkerding		ADDRESS 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Epilepsy. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Status epilepticus				INTERVAL BETWEEN ONSET AND DEATH 1 day 10 yrs 3532 1 week	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☒	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Dec 18, 1958, to Jan 28, 1951, that I last saw the deceased alive on Feb 28, 1951, and that death occurred at 4:42 p.m., from the causes and on the date stated above.							
23a. SIGNATURE H. H. Schumacher		(Degree or title) M.D.		23b. ADDRESS 2nd & Elm Washington		23c. DATE SIGNED Mar 3-51	
24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 3, 1951.		24c. NAME OF CEMETERY OR CREMATORY St. Ignatius Cemetery,		24d. LOCATION (City, town, or county) (State) Concord Hill, Mo.	
DATE REC'D BY LOCAL REG. Mar. 4, 1951		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE 990 Rieburg & Vitt, Inc.		ADDRESS Washington, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

MAR 3 1951

RECEIVED

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Jerome F. Swoboda

Signed
Student Embalmer

Licensed Embalmer No. 4507

P. O. Address Washington

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.