

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19744

FILED JUN 21 1951

4562 State File No. Registrar's No. 3

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 4562

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Thomas</u>		c. LENGTH OF STAY (in this place) <u>Life</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Thomas</u>		d. STREET ADDRESS (If rural, give location) <u>1st Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Thomas - 1st Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Casper Edward</u> b. (Middle) <u>Volmert</u> c. (Last) <u>Volmert</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 15, 1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>July 10 1878</u>
9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Days <u>11</u> IF UNDER 1 HRS. Hours <u>4</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own</u>	11. BIRTHPLACE (State or foreign country) <u>St. Thomas, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Lambert Volmert</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Koetzner</u>	14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Gertrude Volmert St. Thomas Mo.</u>
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) <u>Carcinoma of Stomach</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a), stating the underlying cause last. 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 _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) <u>151X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>3/15/50</u> , 19 <u>50</u> , to <u>6/15/51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>June 16, 1951</u> , and that death occurred at <u>7:15 A.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>D. W. Gaston</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>meta gro</u>	23c. DATE SIGNED <u>6/18/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 18, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Thomas Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Thomas, Mo.</u>

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

DATE REC'D BY LOCAL REG. June 19-1951 REGISTRAR'S SIGNATURE R.P. Harris MD GENERAL DIRECTOR'S SIGNATURE Victor Buescher ADDRESS Jefferson City Mo

RECEIVED 6-20-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 6-20-51 _____

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 _____

Victor Buescher

Signed _____
Student Embalmer

Licensed Embalmer No. 3701

P. O. Address Jefferson City 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.