

STANDARD CERTIFICATE OF DEATH

State File No. **27918**

FILED SEP 10 1951		REG. DIST. NO. 293		PRIMARY REG. DIST. NO. 6003		Registrar's No. 10	
1. PLACE OF DEATH a. COUNTY Ralls 0870				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Ralls			
b. CITY (If outside corporate limits, write RURAL and give township) Hannibal				c. CITY (If outside corporate limits, write RURAL and give township) Hannibal 0870			
d. FULL NAME OF HOSPITAL OR INSTITUTION R R # 4				d. STREET ADDRESS (If rural, give location) R R # 4 0			
3. NAME OF DECEASED (Type or Print) Fred C. Vollmer		a. (First)		b. (Middle)		c. (Last)	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH September 29, 1951	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Molder: ruck Farmer		10b. KIND OF BUSINESS OR INDUSTRY XX		9. AGE (In years last birthday) 63		11. BIRTHPLACE (State or foreign country) Quincy Illinois	
13a. FATHER'S NAME David Vollmer		13b. MOTHER'S MAIDEN NAME Phillipina Bardon		14. NAME OF HUSBAND OR WIFE Lena Vollmer		12. CITIZEN OF WHAT COUNTRY? U S A	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 490 07 8246		17. INFORMANT'S SIGNATURE OR NAME Mrs. Fred C. Vollmer, Hannibal Missouri			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis 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.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				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.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) R R # 4 Hannibal Missouri			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8/21/51		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 no medical attention , that I last saw the deceased alive on _____, 19____, and that death occurred at 6:30 P.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Claydo Welby Coroner				23b. ADDRESS Perry Missouri		23c. DATE SIGNED 9/1/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/3/51		24c. NAME OF CEMETERY OR CREMATORY Greenmount		24d. LOCATION (City, town, or county) (State) Quincy Illinois	
DATE REC'D BY LOCAL REG. 9-3-1951		REGISTRAR'S SIGNATURE H. F. Waters 268		25. FUNERAL DIRECTOR'S SIGNATURE McCracken Hannibal Missouri			

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: SEP 6 1951
DISTRICT HEALTH OFFICE #2
District File Number 9-511581
Date Filed: SEP 6 1951

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.

Signed.....
Student Embalmer

Student Embalmer No.
Signed John S. Stand
Licensed Embalmer No. 4540

P. O. Address Hannibal Missouri

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.