

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24083**  
Registrar's No. **27**

BIRTH NO. _____		REG. DIST. NO. <b>104</b>		PRIMARY REG. DIST. NO. <b>4176</b>		State File No. <b>24083</b>		Registrar's No. <b>27</b>					
1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Texas</b> b. COUNTY <b>Harris</b>									
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Malden</b> )				c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Houston</b> <b>8427</b>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>508 N. Marion, Malden, Mo.</b>				d. STREET ADDRESS (If rural, give location) <b>1131 Hoffman</b>									
3. NAME OF DECEASED (Type or Print) a. (First) <b>Robert</b>			b. (Middle) <b>James</b>			c. (Last) <b>Vollendorf</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 28, 1952</b>				
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>July 8, 1928</b>		9. AGE (In years last birthday) <b>23</b>		IF UNDER 1 YEAR Months <b>11</b> Days <b>21</b>		IF UNDER 24 HRS. Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>U. S. Air Force</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>U. S. Air Force</b>		11. BIRTHPLACE (State or foreign country) <b>Milwaukee, Wisconsin</b>				12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>			
13a. FATHER'S NAME <b>Raymond George Vollendorf</b>				13b. MOTHER'S MAIDEN NAME <b>Step/ Louise Criswell</b>				14. NAME OF HUSBAND OR WIFE <b>Catherine L. Vollendorf</b>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes 6 yrs. 4 mos.</b>				16. SOCIAL SECURITY NO. <b>499 228 928</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Personnel Officer, Malden Air Base, Mo.</b>							
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>1. Wound, missile, gunshot, fatal. 32 caliber bullet perforating left chest, heart, left lung &amp; 8th intercostal artery &amp; nerve posteriorly. 2. Rupture, traumatic, left ventricle of heart. 3. Hemopericardium. 4. Hemothorax, traumatic.</b>								INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b> <b>Sudden</b> <b>Sudden</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.													
19a. DATE OF OPERATION <b>N.A.</b>		19b. MAJOR FINDINGS OF OPERATION <b>N.A.</b>								20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Pending</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Malden Dunklin Missouri</b>									
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <b>June 28 1952 11:00 a.m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Pending</b>									
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 <b>11:00 a.m.</b> , from the causes and on the date stated above.													
23a. SIGNATURE <b>Walter Hawkins</b> Walter Hawkins						23b. ADDRESS <b>Coroner Kenwell Ave</b>		23c. DATE SIGNED <b>30 June 52</b>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>30 June 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Unknown</b>		24d. LOCATION (City, town, or county) (State) <b>Houston, Texas</b>							
DATE REC'D BY LOCAL REG. <b>7/9/52</b>		REGISTRAR'S SIGNATURE <b>J. D. Schumann</b>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Day Funeral Home, Malden, Missouri</b>							

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

AUG 9 1952

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT .....7-14-52.....

COUNTY FILE NUMBER .752-181....

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 *J. D. Shawan* .....  
Licensed Embalmer No. 4086 .....  
P. O. Address Amidley 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.