

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 955-A

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. CITY (If outside corporate limits, write RURAL and give township) SPRINGFIELD	
c. LENGTH OF STAY (in this place) 69 YRS.		d. STREET ADDRESS (If rural, give location) 1605 BENTON	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1605 BENTON			
3. NAME OF DECEASED a. (First) ELLEN b. (Middle) M. c. (Last) VOLKER			4. DATE OF DEATH (Month) (Day) (Year) OCT. 22, 1952
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH DEC. 10 1869
9. AGE (in years last birthday) 82:		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME		10b. KIND OF BUSINESS OR INDUSTRY Home	
11. BIRTHPLACE (City and State or Foreign Country) CINCINNATI, OHIO		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME DANIEL KING		13b. MOTHER'S MAIDEN NAME ELLEN GUEINA	
14. NAME OF HUSBAND OR WIFE X			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NO	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS MISS WILLIE VOLKER SPRINGFIELD, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Emaciation & Cachexia ANTECEDENT CAUSES DUE TO (b) Old age (senility) DUE TO (c) Arteriosclerosis, generalized 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 4500	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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>Aug</u> , 19 <u>46</u> , to _____, 19____, that I last saw the deceased alive on <u>Oct 16</u> , 19 <u>52</u> , and that death occurred at <u>5:50</u> pm, from the causes and on the date stated above.			
23a. SIGNATURE Kenneth E. Zmab (Degree or title) MD		23b. ADDRESS 1630 N. Jefferson	
23c. DATE SIGNED 25 Oct 52			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 10/25/52	24c. NAME OF CEMETERY OR CREMATORY ST. MARY CEMETERY	24d. LOCATION (City, town, or county) (State) SPRINGFIELD, MO.
DATE REC'D BY LOCAL REG. 10-27-52	REGISTRAR'S SIGNATURE Edith Williamson Registrar	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H.H. LOHMEYER SPRINGFIELD, MO.	

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

396

SEP 1 1958

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 *Walter E. Smith*.....

Licensed Embalmer No. 3808

P. O. Address. SPRINGFIELD, 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.