

FILED MAY 5 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11711**

| | | | | | | | |
|--|--|--|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>119</u> | | PRIMARY REG. DIST. NO. <u>4193</u> | | Registrar's No. <u>12</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>GASCONADE</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>GASCONADE</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>HERMANN</u> | | c. LENGTH OF STAY (in this place) <u>37 YRS</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>HERMANN</u> | | 0371 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>E. 2ND STREET</u> | | | | d. STREET ADDRESS (If rural, give location) <u>E. 2ND STREET</u> | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) <u>Otto</u> | | b. (Middle) <u>HERMAN</u> | | c. (Last) <u>VOELKERDING</u> | |
| 4. DATE OF DEATH | | (Month) <u>APRIL</u> | | (Day) <u>23</u> | | (Year) <u>1954</u> | |
| 5. SEX <u>MALE</u> | | 6. COLOR OR RACE <u>WHITE</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | | 8. DATE OF BIRTH <u>JULY 2-1880</u> | |
| 9. AGE (In years last birthday) <u>73</u> | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 4 HRS. Hours _____ Min. _____ | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MACHINIST</u> | | | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | | 13a. FATHER'S NAME <u>HERMAN VOELKERDING</u> | | 13b. MOTHER'S MAIDEN NAME <u>JOHANNA NETTE</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>IDA VOELKERDING</u> | | | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>✓</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Ida Voelkerding</u> | | | | ADDRESS <u>HERMANN 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MYOCARDIAL INFARCTION</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROSIS</u> 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 <u>1 day</u> | |
| 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) _____ | | 4201 | |
| 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>April 23, 1954</u> , to <u>April 23, 1954</u> , that I last saw the deceased alive on <u>April 23, 1954</u> , and that death occurred at <u>12:30 A.M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>George M. Workman M.D.</u> | | | | 23b. ADDRESS <u>HERMANN, MO</u> | | 23c. DATE SIGNED <u>4-24-54</u> | |
| 24a. BURIAL CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>4-25-1954</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>HERMANN CITY CEM.</u> | | 24d. LOCATION (City, town, or county) (State) <u>MISSOURI</u> | |
| DATE REC'D BY LOCAL REG. <u>4-25-54</u> | | REGISTRAR'S SIGNATURE <u>Delma Herken</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Hugott Herken</u> | | ADDRESS <u>HERMANN, MO.</u> | |

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

0371

MAY 5 1954

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

Licensed Embalmer No. 3160

Signed.....
Student Embalmer

P. O. Address HERMANN, 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.