

FILED NOV 9 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34932

State File No.

BIRTH NO.		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>4431</u>		Registrar's No. <u>121</u>	
1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Dixon</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Dixon</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Mission Rest Home</u>				d. STREET ADDRESS (If rural, give location) <u>0850</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Orbus</u>		b. (Middle) <u>Levi</u>		c. (Last) <u>Volner</u>	
4. DATE OF DEATH		(Month) <u>10</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>Widowed</u>		8. DATE OF BIRTH <u>7/24/1954</u>	
9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>29</u>		IF UNDER 1 MONTH Hours <u>0</u> Min. <u>0</u>		IF UNDER 1 HOUR Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Saw Mill</u>			
11. BIRTHPLACE (State or foreign country) <u>Reynolds County, Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>Bud Volner</u>				13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			
14. NAME OF HUSBAND OR WIFE <u>Martha Meyers</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>X</u>			
16. SOCIAL SECURITY NO. <u>487-10-6463</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Wade Alexander, Dixon, Missouri</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cornary thrombosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio sclerosis</u> DUE TO (c) <u>yes</u> 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 <u>4201</u>			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>				21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>			
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Dixon, Pulaski, Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>10-23-54</u>				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21f. HOW DID INJURY OCCUR? <u>Slipped</u>				22. I hereby certify that I attended the deceased from <u>June 19, 1954</u> to <u>10-23-54</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>10-23</u> , 19 <u>54</u> , and that death occurred at <u>7:00P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Fred H. Gilbert</u>				23b. ADDRESS <u>M-18 Dixon, Mo.</u>			
23c. DATE SIGNED <u>11-1-54</u>				24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			
24b. DATE <u>10/26/1954</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Asher Cemetery</u>			
24d. LOCATION (City, town, or county) (State) <u>Iron County, Missouri</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred H. Gilbert, Dixon, Missouri</u>			
25. ADDRESS <u>11-1-54</u>				26. REGISTRAR'S SIGNATURE <u>Emil J. Anderson</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

