

S. No. 300  
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI  
FILED MAY 20 1957 STANDARD CERTIFICATE OF DEATH

16590

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 5316 Registrar's No. 62

|   |  |  |   |
|---|--|--|---|
| 1. PLACE OF DEATH<br>a. CITY <u>Cooper</u>                              |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u> |   |
| b. CITY OR TOWN <u>Clear Creek Twp</u>                                  | c. LENGTH OF STAY in this place <u>4 yrs</u> | c. CITY OR TOWN <u>Pilot Grove</u>   | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8 miles W of Pilot Grove</u> |  | e. STREET ADDRESS (If rural, give location) <u>8 miles W of Pilot Grove</u>  |   |

|                                     |                         |                           |                          |   |
|-------------------------------------|-------------------------|---------------------------|--------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>FRANK</u> | b. (Middle) <u>(none)</u> | c. (Last) <u>VOLLMER</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 12, 1957</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>Aug 9, 1872</u>                                       | 9. AGE (In years last birthday) <u>84</u> | UNDER 1 YEAR | 1 YEAR | IF UNDER 24 HRS. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> |                               | 10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>                         | 11. BIRTHPLACE (City and State or Foreign Country) <u>Pilot Grove, Mo</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> |              |        |                  |

|                                       |  |   |
|---------------------------------------|--|---|
| 13a. FATHER'S NAME <u>Leo Vollmer</u> | 13b. MOTHER'S MAIDEN NAME <u>unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>Mary Vollmer</u> |
|---------------------------------------|--|---|

|   |                               |   |
|---|-------------------------------|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or date of service) | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE (OR NAME) ADDRESS <u>Wilbert Vollmer, Pilot Grove, Mo</u> |
|---|-------------------------------|---|

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|--|--|--|----------------------------------|
| 18. CAUSE OF DEATH   | MEDICAL CERTIFICATION  |  | INTERVAL BETWEEN ONSET AND DEATH |
| Enter only one cause per line for (a), (b), and (c)  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocarditis</u>  |  | <u>1 yr</u>                      |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | 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. <u>Senile Dementia</u> |  |                                  |

|                        |  |  |
|------------------------|--|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>none</u> | 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) m. | 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 1-19-, 1957, to 5-12-, 1957, that I last saw the deceased alive on 3-15-, 1957, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

|   |                                   |                                 |
|---|-----------------------------------|---------------------------------|
| 23a. SIGNATURE <u>J.C. Buckett md</u> (Degree or title) | 23b. ADDRESS <u>Brownville Mo</u> | 23c. DATE SIGNED <u>5-13-57</u> |
|---|-----------------------------------|---------------------------------|

|   |                             |  |  |
|---|-----------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>May 14, 57</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Johns Ceme</u> | 24d. LOCATION (City, town, or county) (State) <u>Pilot Grove, Mo</u> |
|---|-----------------------------|--|--|

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|--|--|---|
| DATE REC'D. BY LOCAL REG. <u>5/13/57</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hays-Carnter, Pilot Grove, Mo</u> |
|--|--|---|

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

3810

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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.....  
Signature of Student Embalmer

Signed *Robert L. Painter*.....

Licensed Embalmer No. *4067*.....

P. O. Address *Pittsboro*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.