

FILED FEB 26 1958

STANDARD CERTIFICATE OF DEATH
THE DIVISION OF HEALTH OF MISSOURI

58-006952

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 4461 Registrar's No. 71

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>St. Francois</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bismarck</u>		a. STATE <u>Missouri</u> COUNTY <u>St. Francois</u>		c. CITY OR TOWN <u>Bismarck</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bismarck</u>		Inside Limits Yes # No <input type="checkbox"/>		c. CITY OR TOWN <u>Bismarck</u>		Inside Limits Yes # No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb <u>10 yrs</u>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No # <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>HENRY</u> Middle <u>.</u> Last <u>VOLNER</u>				Month <u>Feb</u> Day <u>18</u> Year <u>1958</u>			
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED <input checked="" type="checkbox"/> - NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH	
WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. AGE (In years last birthday) <u>87</u>		IF UNDER 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		11. BIRTHPLACE (City and state or country) <u>Reynolds Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>William Volner</u>				14. MOTHER'S MAIDEN NAME <u>Rebecca Trollinger</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>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT Address <u>Mrs. Maude Sumpter, Bismarck Mo.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]							INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute circulatory failure</u>							<u>20 min</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Congestive heart failure</u>							<u>3 wks</u>
DUE TO (c) <u>Arteriosclerosis</u>							<u>yrs.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>4500</u>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)				
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION		COUNTY		STATE
21. I attended the deceased from <u>1-22-57</u> to <u>2-18-57</u> and last saw ^{her} him alive on <u>2-17-57</u>							
Death occurred at <u>8:55 PM A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>R. A. Hendigat</u> (Degree or title) D. O. <u>2</u>				22b. ADDRESS <u>Bismarck, Mo.</u>		22c. DATE SIGNED <u>2-20-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>2-20-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>K. P. Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Ironton Mo.</u>		
24. FUNERAL DIRECTOR ADDRESS <u>White Funeral Home, Bismarck Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>Feb. 24, 1958</u>		26. REGISTRAR'S SIGNATURE <u>Ether Redlaff</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related.

with, welfare, public, service

00-56

MEDICAL CERTIFICATION

FEB 27 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.....
Signature of Student Embalmer

Signed *Russell J. White*.....

Licensed Embalmer No. *201*

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

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.