Health, & Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-001756
STATE FILE NUMBER

FILED JAN 20 1959 Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY Jasper	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage — Inside Limits Yes ☒ No ☐	c. CITY OR TOWN Carthage 493 — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) McCune Brooks Hosp. — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 1047 River — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Ralph Middle George Last Vollhofer		4. DATE OF DEATH Month Jan. Day 5, Year 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH May 6, 1911
9. AGE (In years last birthday) 47	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory Worker	10b. KIND OF BUSINESS OR INDUSTRY Steadley Co.	11. BIRTHPLACE (City and state or country) Sarcoxie, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME George Vollhofer	13b. MOTHER'S MAIDEN NAME Mary Nogel	14. NAME OF HUSBAND OR WIFE Bertha Graskemper	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W. W. # 2	16. SOCIAL SECURITY NO.	17. INFORMANT Address Mrs. Ralph Vollhofer, Carthage, Mo.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Gunshot wound thru skull self inflicted — INTERVAL BETWEEN ONSET AND DEATH 2 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c) 976x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Osteoarthritis, multiple joints. Hypertensive cardiovascular disease.

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

22 cal. rifle bullet thru skull above rt. eyebrow.

20c. TIME OF INJURY Hour a.m. p.m. 5:00 Month, Day, Year 1-5-59

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home

20f. CITY, TOWN, OR LOCATION Carthage COUNTY Jasper STATE Missouri

21. I attended the deceased from 8-30-49, to 1-5-59 and last saw her/him alive on 1-5-59

Death occurred at 7:15 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. B. Vaulick (Degree or title) M. D.	22b. ADDRESS Carthage, Mo.	22c. DATE SIGNED 1-12-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-8-59	23c. NAME OF CEMETERY OR CREMATORY St. James Cemetery
23d. LOCATION (City, town, or county) (State) Newton Co., Missouri		
24. FUNERAL DIRECTOR ADDRESS Ulmer Funeral Home, Carthage, Mo.	25. DATE RECD. BY LOCAL REG. 1-13-59	26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

JAN 30 1959

JAN 20 1959

FEB 9 1959

JAN 27 1959

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 Edwin C. Stoner Jr.

Licensed Embalmer No. 1955

P. O. Address Carthage 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.