URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS MAR 28 1960 53

Registration District No. _____ Primary Registration District No. 3010 Registrar's No. 132

60-010195
STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Cape Girardeau — Length of stay in Ib: 1 week
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Francis Hospital — Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Cape Gir.
c. CITY OR TOWN: Gordonville — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 3 mi. SW of Gordonville, Rt. # 1 — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Louis — Middle: Charles — Last: Volkerding
4. DATE OF DEATH: Month: March — Day: 18 — Year: 1960

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3-31-1892
9. AGE (last birthday): 67
IF UNDER 1 YEAR: Months ____ Days ____ IF UNDER 24 HR: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (City and state or country): Gordonville, Mo.
12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: Henry Volkerding
13b. MOTHER'S MAIDEN NAME: Caroline Hennecke
14. NAME OF HUSBAND OR WIFE: Oma Volkerding

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): *******
16. SOCIAL SECURITY NO.: 492-42-0610
17. INFORMANT: Mrs. Oma Volkerding — Address: Rt. 1 Gordonville

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	ACUTE CORONARY THROMBOSIS	5 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	CHRONIC MYOCARDITIS WITH FAILURE	5 years
~~due to~~ (c)	Myocardial Infarct	4-5 yrs.

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

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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.)
20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 3-16-60, to 3-18-60 and last saw him alive on 3-18-60
Death occurred at 7:15 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: William J. Oehler MD (Degree or title)
22b. ADDRESS: Cape Girardeau, Missouri.
22c. DATE SIGNED: 3-21-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3-21-1960
23c. NAME OF CEMETERY OR CREMATORY: Russell Heights Cemetery
23d. LOCATION (City, town, or county) (State): Jackson, Mo.

24. FUNERAL DIRECTOR: Ford & Sons — ADDRESS: Cape Girardeau, Mo.
25. DATE RECD. BY LOCAL REG.: 3-23-1960
26. REGISTRAR'S SIGNATURE: Irma Kasten

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

APR 19 1960

APR 21 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed W. J. Ford
Signature of Student Embalmer

Licensed Embalmer No. 5057

P. O. Address Cape Girardeau, Mo

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