

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-020084

FILED VS MAY 17 1960

STATE FILE NUMBER

Registration District No. 207 Primary Registration District No. 4318 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY Maries				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Maries			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Vienna, Mo.		Length of stay in 1b Life		c. CITY OR TOWN Vienna, Mo.		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION His Home			Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes ☐ No ☒
3. NAME OF DECEASED (Type or print) First Ferdinand Middle (None) Last Volmert				4. DATE OF DEATH Month May Day 10 Year 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐		8. DATE OF BIRTH 5/27/1866	9. AGE (last birthday) 93	IF UNDER 1 YEAR Months 11 Days 13 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Osage Co. Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Herman Volmert			13b. MOTHER'S MAIDEN NAME Theresa Massman		14. NAME OF HUSBAND OR WIFE Theresa Volmert.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, name or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. none		17. INFORMANT Address Mrs Carols Eads, Vienna, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of prostate						INTERVAL BETWEEN ONSET AND DEATH ?	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
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 7-23-59 to 5-8-60 and last saw him ^{live} on 5-8-60 Death occurred at 4:55 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>S.C. Howard</i> (Degree or title) D.O.			22b. ADDRESS Vienna, Missouri			22c. DATE SIGNED 5-16-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/14/60	23c. NAME OF CEMETERY OR CREMATORY Visitation Cemetry		23d. LOCATION (City, town, or county) Vienna, Mo.		(State)	
24. FUNERAL DIRECTOR <i>W.C. Wmington</i> ADDRESS Vienna, Mo.			25. DATE RECD. BY LOCAL REG. 5-16-1960		26. REGISTRAR'S SIGNATURE <i>Thozelle Hutchins</i>		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

096181 JAN 91

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

McP. [Signature]

Licensed Embalmer No.

366/4

P. O. Address

[Signature]

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.