

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 5 1960

=60-022696
STATE FILE NUMBER

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 99

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| 1. PLACE OF DEATH a. COUNTY <u>Cooper</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Cooper</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Boonville</u> | Length of stay in lb <u>1 day</u> | c. CITY OR TOWN <u>Pilot Grove</u> | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hosp.</u> | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>3 miles N of P. G.</u> | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) <u>ELIZABETH VOLKMER</u> | 4. DATE OF DEATH Month <u>June</u> Day <u>30</u> Year <u>1960</u> |
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| 5. SEX <u>Fe</u> | 6. COLOR OR HAIR <u>wh</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>April 23, 1919</u> | 9. AGE (last birthday) IF UNDER 1 YEAR: Months <u>—</u> Days <u>—</u> Hours <u>—</u> Min. <u>—</u> IF UNDER 24 HR: Months <u>—</u> Days <u>—</u> Hours <u>—</u> Min. <u>—</u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>same</u> | 11. BIRTHPLACE (City and state or country) <u>Paw Paw, Mich.</u> | 12. CITIZEN OF WHAT COUNTRY <u>U. S. A</u> |
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| 13a. FATHER'S NAME <u>Peter Brummel</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary Schuster</u> | 14. NAME OF HUSBAND OR WIFE <u>Joe Volkmer</u> |
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| 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>Joe Volkmer, Pilot Grove, Mo</u> | 17. INFORMANT <u>Joe Volkmer, Pilot Grove, Mo</u> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>PNEUMONIA, LEFT LOWER LOBE</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) | INTERVAL BETWEEN ONSET AND DEATH <u>2 DAYS.</u> |
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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>ARTERIOSCLEROTIC HEART DISEASE AND GENERALIZED ARTERIO SCLEROSIS</u> | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 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.) |
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| 20c. TIME OF INJURY Hour <u>—</u> a.m. <u>—</u> p.m. <u>—</u> Month, Day, Year <u>—</u> |
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| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY <u>—</u> STATE <u>—</u> |
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21. I attended the deceased from JULY 2, 1956 to JUNE 30, 1960 and last saw her alive on JUNE 23, 1960
Death occurred at 1:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE <u>S. Hooper, M.D.</u> | (Degree or title) | 22b. ADDRESS <u>329 Main St., Boonville, Mo</u> | 22c. DATE SIGNED <u>6/30/60</u> |
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| 23a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify) | 23b. DATE <u>July 2, 1960</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph Home</u> | 23d. LOCATION (City, town, or county) (State) <u>Pilot Grove, Mo</u> |
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| 24. FUNERAL DIRECTOR <u>Layo Painter, Pilot Grove, Mo</u> | 25. DATE RECD. BY LOCAL REG. <u>7/2/60</u> | 26. REGISTRAR'S SIGNATURE <u>S. Hooper</u> |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert L. Pain

Licensed Embalmer No. 406

P. O. Address Bellet Gro

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.