JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-026307
STATE FILE NUMBER

FILED VS. JUL 18 1960 82

NDED

Registration District No. _____ Primary Registration District No. 3017 Registrar's No. 104

1. PLACE OF DEATH
a. COUNTY: Cooper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Boonville — Length of stay in 1b: 10 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Joseph Hosp. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo — b. COUNTY: Cooper
c. CITY OR TOWN: Pilot Grove — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Smiley W of P.G. — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First MARY Middle C. Last VOLLMER
4. DATE OF DEATH: Month July Day 14 Year 1960
5. SEX: Fe
6. COLOR OR RACE: wh
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Mar 28, 85
9. AGE (Last birthday): 75 — 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): housewife
10b. KIND OF BUSINESS OR INDUSTRY: same
11. BIRTHPLACE (City and state or country): Pilot Grove Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Frank Fahrendorf
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: Frank Vollmer
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.: no
17. INFORMANT: Wilbert Vollmer — Address: Pilot Grove 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): Pulmonary Infarction — INTERVAL BETWEEN ONSET AND DEATH: 24 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Fat Embolus
DUE TO (c): Fracture, left femur — 17 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Diabetes Mellitus, Arteriosclerotic Heart Disease
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 28 June 1960, to 14 July 1960 and last saw her/him alive on 14 July 1960
Death occurred at 7:35 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Leman D. Friedrich (Degree or title) MD
22b. ADDRESS: Pilot Grove, Mo
22c. DATE SIGNED: 7.14.60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: July 16, 60
23c. NAME OF CEMETERY OR CREMATORY: St. Johns Cemetery
23d. LOCATION (City, town, or county) (State): Pilot Grove, Mo
24. FUNERAL DIRECTOR: Hays & Hunter
ADDRESS: Pilot Grove Mo
25. DATE RECD. BY LOCAL REG.: 7/15/60
26. REGISTRAR'S SIGNATURE: D. E. Hooper

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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_____ Signed Robert L. Pain

Signature of Student Embalmer

Licensed Embalmer No. 406

P. O. Address Pilot Gro

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.