

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-042784

FILED VS NOV 18 1960 207

Registration District No. Primary Registration District No. 4318 Registrar's No. 48

STATE FILE NUMBER

INDEXED

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 30yrs		c. CITY OR TOWN Vienna, Mo.		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Her 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 Julia Middle Virginia Last Volmert				4. DATE OF DEATH Month Nov. Day 13, Year 1960.			
5. SEX Female		6. COLOR OR RACE White		7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐		8. DATE OF BIRTH 8/11/1888	
9. AGE (last birthday) 72		IF UNDER 1 YEAR Months 3 Days 2		IF UNDER 24 HR Hours 2 Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Maries County, Mo.		12. CITIZEN OF WHAT COUNTRY USA.	
13a. FATHER'S NAME Henry Behm		13b. MOTHER'S MAIDEN NAME Bertha Peters		14. NAME OF HUSBAND OR WIFE Ben C. Volmert			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, ☐ or unknown) ☐ (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO.		17. INFORMANT Raymond Volmert, Washington, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Presumed to be Natural Cause Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cropes of Maries Co. notified 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				INTERVAL BETWEEN ONSET AND DEATH			
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 _____ to _____ and last saw her alive on _____ Death occurred at 10:15A on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Moelle Hutchison, Vienna, Mo. Local Registrar		22b. ADDRESS		22c. DATE SIGNED			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/15/60		23c. NAME OF CEMETERY OR CREMATORY Visitation		23d. LOCATION (City, town, or county) (State) Vienna, Mo.	
24. FUNERAL DIRECTOR McGinnis		ADDRESS Vienna, Mo.		25. DATE RECD. BY LOCAL REG. Nov 15 - 1960		26. REGISTRAR'S SIGNATURE Moelle Hutchison	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS NOV 2 1966

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

W. C. Brimingham

Licensed Embalmer No. _____

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P. O. Address _____

Vienna

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.