MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

61-029044
STATE FILE NUMBER

AMENDED

Registration District No. 139 Primary Registration District No. _____ Registrar's No. 49

FILED SEP 5 1961

1. PLACE OF DEATH
a. COUNTY Holt
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Union Township — Length of stay in 1b: 74 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 miles S.W. of Craig — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Holt
c. CITY OR TOWN Near Craig — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 4 miles S.W. of Craig — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Henry — Middle — Last Vollmers

4. DATE OF DEATH: Month Aug. Day 29 Year 1961

5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 12/8/1886
9. AGE (last birthday) 74
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) Retired farmer
10b. KIND OF BUSINESS OR INDUSTRY On farm
11. BIRTHPLACE (City and state or country) Craig, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Henry Vollmers
13b. MOTHER'S MAIDEN NAME Anna Rieker
14. NAME OF HUSBAND OR WIFE None

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. None
17. INFORMANT William Vollmers — Address Ruto, Nebr.

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) BROKEN NECK — INTERVAL BETWEEN ONSET AND DEATH: INSTANT.
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.) Horse-drawn wagon turned over on him.
20c. TIME OF INJURY Hour 6:30 p.m. Month, Day, Year Aug 29, 61
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.) 2 mi. S.W. Craig, Mo.
20f. CITY, TOWN, OR LOCATION Craig. COUNTY Holt STATE Mo.

21. I attended the deceased from — to — and last saw her/him alive on —
Death occurred at 6:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H. E. Colbin D.O. Coroner Holt Co.
22b. ADDRESS Oregon Mo.
22c. DATE SIGNED 8/31/1

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9/1/61
23c. NAME OF CEMETERY OR CREMATORY I.O.O.F.
23d. LOCATION (City, town, or county) Craig (State) Mo.

24. FUNERAL DIRECTOR Wilber L. Schooler — ADDRESS Craig, Mo.
25. DATE RECD. BY LOCAL REG. 9-2-1961
26. REGISTRAR'S SIGNATURE James H. Crawford

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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 Myself, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Wilber L. Schooler

Licensed Embalmer No. 3997

P. O. Address Craig, Mo

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.