

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-000955
STATE FILE NUMBER

AMENDED

Registration District No. 100 Primary Registration District No. 3e18 Registrar's No. 10

FILED FEB 1 1962

1. PLACE OF DEATH a. COUNTY <u>Dent</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Dent</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Salem Mo.</u>		Length of stay in 1b <u>25Yrs.</u>	c. CITY OR TOWN <u>Salem Mo.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT In hospital, give location) HOSPITAL OR INSTITUTION <u>At His Home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>11 N. Warfel St.</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>LLOYD</u> Middle <u>B.</u> Last <u>VOLNER</u>			4. DATE OF DEATH Month <u>January</u> Day <u>25</u> Year <u>1962</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>9-6-1912</u>	9. AGE (last birthday) <u>49</u> 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) <u>Truck Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Automobile Trans-</u>	11. BIRTHPLACE (City and state or country) <u>Reynolds County</u>		12. CITIZEN OF WHAT COUNTRY <u>U S A</u>	
13a. FATHER'S NAME <u>M.C. VOLNER</u>		13b. MOTHER'S MAIDEN NAME <u>MAMIE SUTTERFIELD</u>		14. NAME OF HUSBAND OR WIFE <u>DOROTHY VOLNER</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>NO</u> (If yes, give war and dates of service) <u>None</u>			17. INFORMANT <u>Dorothy Volner Salem Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for Part I and Part II) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>ATO shotgun wound to head, self inflicted</u> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input checked="" type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour <u>2:30 P.M.</u> Month, Day, Year <u>1-25-62</u>			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.) <u>at his home</u>		20f. CITY, TOWN, OR LOCATION <u>Salem</u>		COUNTY <u>Dent</u>	STATE <u>Mo</u>	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____. Death occurred at <u>2:30 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <u>Wayne Powell D. Corner</u>			22b. ADDRESS <u>Salem, Mo.</u>		22c. DATE SIGNED <u>1-27-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>1-28-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Cedar Grove</u>		23d. LOCATION (City, town, or county) (State) <u>Salem Mo.</u>		
24. FUNERAL DIRECTOR <u>Spencer Funeral Home</u>			ADDRESS <u>Salem Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>1-28-62</u>	26. REGISTRAR'S SIGNATURE <u>M. M. Darr, M.A. Lyam.</u>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 2 1962

FEB 19 1962

11 N. Warfield St. Salem, Mo.

M.C. VOELKER
 428-18-2324
 Dorothy Voelker Salem, Mo.
 POLITY WASH
 RUMPHALD
 AUTOMOBILE TRANS - LANDOLPH COUNTY
 U S A

White
 9-6-1015 49

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 

Licensed Embalmer No. 372
 P. O. Address Salem, 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.

Salem, Mo. 65801