

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-010663

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 137 Primary Registration District No. _____ Registrar's No. 89

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 9 1962	
<p>1. PLACE OF DEATH</p> <p>a. COUNTY Henry</p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Deepwater Twp Length of stay in lb Life</p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Montrose R R # 3 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE Missouri b. COUNTY Henry</p> <p>c. CITY OR TOWN Montrose Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) R R # 3 Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>3. NAME OF DECEASED (Type or print) First Mary Middle Ann Last Volmer</p>	
<p>4. DATE OF DEATH Month April Day 4 Year 1962</p>	
<p>5. SEX female</p>	<p>6. COLOR OR RACE white</p>
<p>7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH Nov 18. 1894</p>
<p>9. AGE (last birthday) 67</p> <p style="font-size: small;">IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.</p>	
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife</p>	<p>10b. KIND OF BUSINESS OR INDUSTRY</p>
<p>11. BIRTHPLACE (City and state or country) Breese, Ill</p>	
<p>12. CITIZEN OF WHAT COUNTRY USA</p>	
<p>13a. FATHER'S NAME Henry Bekebrock</p>	<p>13b. MOTHER'S MAIDEN NAME Catherine Richter</p>
<p>14. NAME OF HUSBAND OR WIFE</p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no (If yes, give war or dates of service)</p>	<p>16. SOCIAL SECURITY NO. none</p>
<p>17. INFORMANT Joseph Volmer Address Montrose, Mo</p>	
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) Myocardial Infarction</p> <p style="text-align: center;">DUE TO (b) Arteriosclerotic Heart Disease Chronic</p> <p style="text-align: center;">DUE TO (c)</p> <p style="font-size: x-small;">Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</p>	
<p style="text-align: right;">INTERVAL BETWEEN ONSET AND DEATH sudden</p>	
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p>	
<p>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</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p>20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year</p>	<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>
<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>	<p>20f. CITY, TOWN, OR LOCATION COUNTY STATE</p>
<p>21. I attended the deceased from 1961, to Apr 4 1962 and last saw her alive on Apr 2 1962 Death occurred at 8:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p>22a. SIGNATURE (Degree or title) R.H. Brownberger MD</p>	<p>22b. ADDRESS Appleton City Mo</p>
<p>22c. DATE SIGNED Apr 6 1962</p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) Burial</p>	<p>23b. DATE 4/7/1962</p>
<p>23c. NAME OF CEMETERY OR CREMATORY Germantown cem</p>	<p>23d. LOCATION (City, town, or county) (State) Montrose Mo</p>
<p>24. FUNERAL DIRECTOR ADDRESS Sickman & Dunning F H Clinton, Mo</p>	<p>25. DATE RECD. BY LOCAL REG. April, 7, 1962</p>
<p>26. REGISTRAR'S SIGNATURE Mildred Bigum</p>	

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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 Robert L. Dunning

Licensed Embalmer No. 4710

P. O. Address Clinton 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.

Permit issued 4-7-62 W.B.F.R.