

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-015445

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 64

FILED APR 29 1963

VS 300  
Rev. 4/59

1 0275

2 0270

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12 1-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>mo</u> b. COUNTY <u>Cooper</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Boonville</u>		Length of stay in 1b <u>1 day</u>	c. CITY OR TOWN <u>Blackwater</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Joseph Hosp</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>9 miles W of Boonville</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>ROBERT - Aloysius - VOLLMER</u>		4. DATE OF DEATH Month Day Year <u>April 25, 1963</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>wh</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>April 25, 63</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>body</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	9. AGE (last birthday) <u>1 day</u> IF UNDER 1 YEAR Months <u>0</u> IF UNDER 24 HR Hours Min.
11a. FATHER'S NAME <u>Robert Vollmer</u>		11b. MOTHER'S MAIDEN NAME <u>Mary Ellen Rath</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>
13. FATHER'S NAME		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCE (Yes, no, or unknown) (If yes, give war or dates)		17. INFORMANT <u>Robert Vollmer, Blackwater, mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Respiratory Failure</u> DUE TO (b) <u>Premature Birth</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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 type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input 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 a.m. p.m. Month, Day, Year		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.)		20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <u>4-25-63</u> to <u>4-25-63</u> and last saw <sup>him</sup> alive on <u>4-25-63</u> Death occurred at <u>2:05 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Wallard P. Green MD</u> (Degree or title)		22b. ADDRESS <u>329 Main St. Boonville, Mo.</u>	22c. DATE SIGNED <u>4-26-63</u>
23a. BURIAL, CREMATION, OR REMOVAL (Specify)	23b. DATE <u>4/26/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Martin's Ceme</u>	23d. LOCATION (City, town, or county) (State) <u>Pilot Grove, mo</u>
24. FUNERAL DIRECTOR <u>Hays-Painter, Pilot Grove, mo</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>4/26/63</u>	26. REGISTRAR'S SIGNATURE <u>W. Hooper</u>

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 not Embalmed, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Robert L. Painter

Licensed Embalmer No. 4069

P. O. Address Pilot Grove, 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.