

FILED MAY 21 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16174

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4214 Registrar's No. 184

1. PLACE OF DEATH a. COUNTY <b>Henry</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Henry* Henry</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>Fairview Township</b>		c. LENGTH OF STAY (in this place township) <b>26yrs.</b>		c. CITY OR TOWN <b>Deepwater</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>0420</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>His Home /</b>				e. STREET ADDRESS (If rural, give location) <b>RFD. #2</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>OTTO</b>		b. (Middle) <b>H.</b>		c. (Last) <b>VOLKMAN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 14, 1956</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married /</b>	8. DATE OF BIRTH <b>Jan. 22, 1884</b>		9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months <b>3</b> Days <b>22</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Henry Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Christian Volkman</b>		13b. MOTHER'S MAIDEN NAME <b>Caroline Schwartz</b>		14. NAME OF HUSBAND OR WIFE <b>Neva Volkman</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>496-03-4913</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Otto Volkman, Deepwater, Mo. RFD.2</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary heart disease</b>				DUE TO (b) <b>Coronary arterio-sclerosis</b>			<b>6 months</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c)			<b>1 year</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<b>Erythraemia</b>			<b>2 year</b>
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>ns</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>4201</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Feb 1955</b> , to <b>May 14, 1956</b> , that I last saw the deceased alive on <b>Feb 13, 1956</b> , and that death occurred at <b>8:47 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>S. B. Hughes, M.D.</b>				23b. ADDRESS <b>Clinton, Mo.</b>		23c. DATE SIGNED <b>5/16/56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 17, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Englewood Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Clinton, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>5-16-56</b>		REGISTRAR'S SIGNATURE <b>Mildred Bigum</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>W. H. Tarrant, Clinton, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MS DEC - 8 1959

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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 *H. A. Vansant*.....

Licensed Embalmer No. *377*

P. O. Address *Clinton,*

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.