S. No. 300
10-48

FILED FEB 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2033

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 10

1. PLACE OF DEATH
a. COUNTY Nodaway Co.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Maryville
c. LENGTH OF STAY (in this place) 2 1/2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Francis Hospital O

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Atchison 3
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rock-Port Mo. 0
d. STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED (Type or Print) a. (First) Otto b. (Middle) Martin c. (Last) Volkmann

4. DATE OF DEATH (Month) Jan (Day) 17 (Year) 1949

5. SEX Male O
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1
8. DATE OF BIRTH Aug 24 1886
9. AGE (In years last birthday) 62 IF UNDER 1 YEAR Months 4 Days 23 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired Merchant
10b. KIND OF BUSINESS OR INDUSTRY Merchant
11. BIRTHPLACE (State or foreign country) Rock Port Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Chas. B. Volkmann
13b. MOTHER'S MAIDEN NAME Eliza Rode
14. NAME OF HUSBAND OR WIFE Ruth Schooler Volkmann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War I
16. SOCIAL SECURITY NO. No
17. INFORMANT'S SIGNATURE OR NAME A. H. Volkmann ADDRESS Rock Port

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rupture of left ventricle c̄ pericardial hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 2 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocardial infarction — 24 hrs
DUE TO (c) coronary occlusion — 24 hrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
420.1
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 14, 1949, *to* Jan 17, 1949, *that I last saw the deceased alive on* Jan 17, 1949, *and that death occurred at* 7:20 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE Emmett B. Little M.D. (Degree or title)
23b. ADDRESS Rock Port Mo
23c. DATE SIGNED 17 Jan 49

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE Jan 19 1949
24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery
24d. LOCATION (City, town, or county) Rock-Port (State) Mo

DATE REC'D BY LOCAL REG. 1-22-49
REGISTRAR'S SIGNATURE Bess Holt 229 0
25. FUNERAL DIRECTOR'S SIGNATURE C. E. Bertram ADDRESS Rock Port Mo

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 5 1945

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 L. E. Bertram, Student Embalmer No. ....., working under my personal supervision.

Signed L. E. Bertram

Signed .....
Student Embalmer

Licensed Embalmer No. 1264

P. O. Address Rock Port 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 this body is not embalmed, fact should be so stated above.