

No. 300
10-48

FILED DEC 8 1949

STANDARD CERTIFICATE OF DEATH

State File No. 36206

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4012 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Atchison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rock Port.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rock Port.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Louise</u>	b. (Middle) <u>C</u>	c. (Last) <u>Volkman</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>11 29 1949</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>12/7/1875</u>	9. AGE (In years last birthday) <u>73</u>	# UNDER 1 YEAR Months <u>11</u>	DAY <u>24</u>	# UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>	11. BIRTHPLACE (State or foreign country) <u>Rock Port. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>Am.</u>		

13a. FATHER'S NAME <u>Charles B. Volkman</u>	13b. MOTHER'S MAIDEN NAME <u>Eliza Rode</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Alfred Volkman (Brother) Rockport.</u>
--	-------------------------------------	---

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion,</u>		<u>15 Min.</u>
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last:</i> DUE TO (b) <u>Coronary thrombosis.</u> DUE TO (c) _____		<u>1 Yr.</u>
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		<u>4201</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

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)	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 11/29/1949 to 11/29/1949; that I last saw the deceased alive on 11/29/1949 and that death occurred at 11:45 a.m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>S. A. Reuther, M.D.</u>	23b. ADDRESS <u>Rockport, Mo.</u>	23c. DATE SIGNED <u>11/30/49</u>
---	-----------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/1/1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenhill Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Rock Port, Mo.</u>
---	----------------------------	--	---

DATE REC'D BY LOCAL REG. <u>11-30-49</u>	REGISTRAR'S SIGNATURE <u>Betty Ashtice</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>BARTHOLOMEW MORTUARY, ROCK PORT. MO</u>
--	--	---

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 5 1950

JAN 14 1955



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.

Signed Shatz Bartholomew

Signed _____
Student Embalmer

Licensed Embalmer No. #X# 3173

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.