

No. 300  
10.48

FILED APR 1 1950

STANDARD CERTIFICATE OF DEATH

State File No. 7785

Registrar's No. 369

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Atchison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tarkio	
c. LENGTH OF STAY (in this place) 10 days		d. STREET ADDRESS (If rural, give location) None	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Harry	b. (Middle) Rode	c. (Last) Volker	4. DATE OF DEATH (Month) (Day) (Year) March 19, 1950.
---	------------------	------------------	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 8, 1881	9. AGE (In years last birthday) 68	# UNDER 1 YEAR Months	# UNDER 24 HRS. Hours	# UNDER 15 MIN. Min.
-------------	------------------------	--	-------------------------------	------------------------------------	-----------------------	-----------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer & Cattle Breeder	10b. KIND OF BUSINESS OR INDUSTRY Farming.	11. BIRTHPLACE (State or foreign country) Rockport, Missouri.	12. CITIZEN OF WHAT COUNTRY? USA
---	--	---	----------------------------------

13a. FATHER'S NAME August Volker	13b. MOTHER'S MAIDEN NAME Thessa Rode	14. NAME OF HUSBAND OR WIFE Eva C. K. Volker
----------------------------------	---------------------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) ***** None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Eva C. K. Volker	ADDRESS Tarkio, Mo.
--	---	---	---------------------

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, asthma, 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) Myocardial Insufficiency		12 hrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Shock from extensive surgery (48 hrs) (before) DUE TO (c) got Carcinoma of Head of Pancreas		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Multiple Intra-abdominal Metastasis			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Carcinoma of Head of Pancreas & Multiple Metastasis	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) 157X
--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 Mar 10, 1950, to Mar 19, 1950, that I last saw the deceased alive on Mar 19, 1950, and that death occurred at 3:30A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert H. Conrad M.D.	23b. ADDRESS St. Joseph, Mo.	23c. DATE SIGNED 3/21/50
--	------------------------------	--------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Mar. 19, 1950.	24c. NAME OF CEMETERY OR CREMATORY Home Cemetery	24d. LOCATION (City, town, or county) (State) Tarkio, Mo.
---	--------------------------	--	---

DATE REC'D BY LOCAL REG. Mar 21, 1950	REGISTRAR'S SIGNATURE C. C. Jenkins 382	25. FUNERAL DIRECTOR'S SIGNATURE Walter Meierhoff	ADDRESS 1946 Colnoun St. St. Joseph, Mo.
---------------------------------------	---	---	--

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

0117  
0

APR 3 1950

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 .....

Student Embalmer

Signed

*Raymond H. Morehea*

Licensed Embalmer No. 4413 Missouri.

P. O. Address St. Joseph, Missouri.

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.