

No. 300
10-48

STANDARD CERTIFICATE OF DEATH

State File No. **23659**

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

4

FILED JUN 30 1953 REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 92

1. PLACE OF DEATH
 a. COUNTY Vernon
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nevada
 c. LENGTH OF STAY (in this place) 3 yrs.
 d. FULL NAME OF HOSPITAL OR INSTITUTION Pat Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Missouri b. COUNTY Vernon
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nevada 1082
 d. STREET ADDRESS (If rural, give location) 812 N. Washington St

3. NAME OF DECEASED
 a. (First) EMMA b. (Middle) — c. (Last) VOLLRATH.

4. DATE OF DEATH (Month) (Day) (Year)
6 - 20 - 53

5. SEX Female **6. COLOR OR RACE** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Single

8. DATE OF BIRTH 1-10-1861 **9. AGE** (In years last birthday) 82 **IF UNDER 1 YEAR** (Month) (Day) (Year) 5 10 **IF UNDER 28 HRS.** (Hour) (Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Keeper **10b. KIND OF BUSINESS OR INDUSTRY**

11. BIRTHPLACE (City and State or Foreign Country) Booneville MO. **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13a. FATHER'S NAME George Vollrath **13b. MOTHER'S MAIDEN NAME** Rosina Such **14. NAME OF HUSBAND OR WIFE** Single

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No **16. SOCIAL SECURITY NO.** None **17. INFORMANT'S SIGNATURE OR NAME** Miss S. C. Carter **ADDRESS** Nevada 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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized arteriosclerosis
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) _____
 DUE TO (c) _____

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

19a. DATE OF OPERATION **19b. MAJOR FINDINGS OF OPERATION** 4221 **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) (Min.) **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 1/31 1953, to 6/20 1953, that I last saw the deceased alive on 6/20 1953 and that death occurred at 6:40 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Theresa Pearson MD **23b. ADDRESS** Nevada Mo **23c. DATE SIGNED** 6/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial **24b. DATE** 6-23-53 **24c. NAME OF CEMETERY OR CREMATORY** Walnut Grove **24d. LOCATION** (City, town, or county) (State) Booneville Mo.

DATE REC'D BY LOCAL REG. 6-25-53 **REGISTRAR'S SIGNATURE** Anna E. Ferry **25. FUNERAL DIRECTOR'S SIGNATURE** Harro Funeral Service **ADDRESS** Nevada Mo.

SEP 11 1953

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 Allen J. Hays

Licensed Embalmer No. 1968

P. O. Address Nevada 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.