

FILED NOV 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH39880
State File No. 10035
Registrar's No. 10035

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10035		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Johnson				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 3mo 2da		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg		b. COUNTY Johnson		
d. FULL NAME OF HOSPITAL OR INSTITUTION Masonic home of Missouri				d. STREET ADDRESS (If rural, give location) _____				
3. NAME OF DECEASED (Type or Print) a. (First) Ellen b. (Middle) Pascall c. (Last) Vollmer			4. DATE OF DEATH (Month) (Day) (Year) Nov. 2 1956					
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH March 25, 1867		9. AGE (in years last birthday) 89	IF UNDER 1 YEAR Month 7 Days 8	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (City and State or Foreign Country) Norwood, Surry, England		12. CITIZEN OF WHAT COUNTRY? USA.		
13a. FATHER'S NAME James, J. Pascall			13b. MOTHER'S MAIDEN NAME Mary Pascall		14. NAME OF HUSBAND OR WIFE Deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MO. Mrs. Mary Wheeler 3927 Woodland Kansas City				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) UREMIA ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized bacteria schwanii rays DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 1 wk	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 450° C			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 9-25, 1956 , to 11-2, 1956 , that I last saw the deceased alive on 11-2, 1956 , and that death occurred at 4:20 p.m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Harold E. Walters MD				23b. ADDRESS 3720 Worthington St. Home Mo		23c. DATE SIGNED 11-3-56		
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 11-2-56	24c. NAME OF CEMETERY OR CREMATORY LOCAL CEMETERY		24d. LOCATION (City, town, or county) (State) WARRENSBURG, Mo.			
DATE REC'D BY LOCAL REG. NOV 3 1956		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton & Sons		ADDRESS 7233 Delmar		

3.0 (Licensed Embalmer's Statement on Reverse Side)

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

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

Arnold W. Schaefer

Licensed Embalmer No. 3864

P. O. Address St. Louis, 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.