

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005942

STATE FILE NUMBER

445

FILED FEB 17 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY WYANDOTTE		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR KANSAS CITY TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR KANSAS CITY TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RESEARCH HOSPITAL		Length of stay in lb 1 WEEK	d. STREET ADDRESS 1412 Wood Ave. (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First GEORGE Middle H. Last VOLLMER.			4. DATE OF DEATH Month 1 Day 20 Year 59		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3-12-89	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) carpenter		10b. KIND OF BUSINESS OR INDUSTRY garage maintenance	11. BIRTHPLACE (City and state or country) Leavenworth Co. Kansas		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John Vollmer			14. MOTHER'S MAIDEN NAME Martha Rapp		
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. 487 01 2766	17. INFORMANT John W Vollmer Address 1412 Wood KCK.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia - acute - Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) polycystic Kidneys - Bilateral - DUE TO (c) congenital					INTERVAL BETWEEN ONSET AND DEATH 8 days -
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) (Yes, an Autopsy was performed on 1-20-59)					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)			
20c. TIME OF INJURY Hour 3:50 Month, Day, Year a. m. AM p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 4-19-59 to death and last saw her alive on 1-20-59 Death occurred at 3:50 AM m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE MES (Signed by (fill in))			22b. ADDRESS 104 Prairie Village Mall Prairie Village K, KANSAS		22c. DATE SIGNED 1-22-59
23a. BURIAL, CREMATION, REMOVAL removal		23b. DATE 1-20-59	23c. NAME OF CEMETERY OR CREMATORY Mt. Hope		23d. LOCATION (City, town, or county) (State) Kansas City Kans.
24. FUNERAL DIRECTOR WARNICK FADS. KANSAS CITY KANS.			25. DATE RECD. BY LOCAL REG. 1-23-59		26. REGISTRAR'S SIGNATURE Neve Marshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

G. M. OSGOOD

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.....
Signature of Student Embalmer

Signed *John W. H. [Signature]*

Licensed Embalmer No. 50

P. O. Address *Kansas City*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.