

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-036004

FILED VS OCT 27 1959 139

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **51**

UNDECEASED

| | | | |
|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY Holt | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Holt | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN North Union Township | | Length of stay in 1b 5 1/2 years | c. CITY OR TOWN Near Craig |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 miles North of Craig | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 2 miles North of Craig |
| | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First Middle Last Norbert Carroll Voltmer | | | 4. DATE OF DEATH Month Day Year October 9, 1959 | | |
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|--------------------|-------------------------------|---|-----------------------------------|----------------------------------|--------------------------------|------------------------------|
| 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 4/11/1916 | 9. AGE (last birthday) 43 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during past working life, even if retired) Farming | 10b. KIND OF BUSINESS OR INDUSTRY On the farm | 11. BIRTHPLACE (City and state or country) Corning, Mo. | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
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| 13a. FATHER'S NAME Frederick Voltmer | 13b. MOTHER (MAIDEN) NAME Grace Beasing | 14. NAME OF HUSBAND OR WIFE Lucille Voltmer |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) World War II | 16. SOCIAL SECURITY NO. 498-40-6799 | 17. INFORMANT Lucille Voltmer - Craig, Mo. |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion & myocardial infarction | | INTERVAL BETWEEN ONSET AND DEATH immediate |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) | |
| | DUE TO (c) | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input 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.) |
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| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | |
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| 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 |
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21. I attended the deceased from **5/10/57** to **8/8/59** and last saw him alive on **8/8/59**
Death occurred at **12** p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE Ed Niedermeyer, MD (Degree or title) | 22b. ADDRESS Yarrish, Mo. | 22c. DATE SIGNED 10/12/59 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 10/12/59 | 23c. NAME OF CEMETERY OR CREMATORY S.O.O.F. | 23d. LOCATION (City, town, or county) (State) Craig Mo. |
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| 24. FUNERAL DIRECTOR Wilbur L. Schober - Craig Mo. ADDRESS | 25. DATE RECD. BY LOCAL REG. 10-19-1959 | 26. REGISTRAR'S SIGNATURE Ann Klause |
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 4 1959

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 myself, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Wilber L. Schooner

Licensed Embalmer No. 3997

P. O. Address Craig, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.