

FILED NOV 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38168

State File No.

BIRTH NO.		REG. DIST. NO. <u>219</u>		PRIMARY REG. DIST. NO. <u>5791</u>		Registrar's No. <u>2</u>	
1. PLACE OF DEATH a. COUNTY <u>MONITEAU</u> <i>Burr's Fork Twp</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MONITEAU</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL</u>		<u>06 80</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>California Mo</u>				d. STREET ADDRESS (If rural, give location) <u>a</u>			
3. NAME OF DECEASED (Type or Print) <u>HENRY VOLKART</u>		a. (First)		b. (Middle)		c. (Last) <u>SEEL</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>JULY 21, 1864</u>	
9. AGE (In years last birthday) <u>87 yrs.</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>		11. BIRTHPLACE (State or foreign country) <u>SWITZERLAND</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>FELIX VOLKART</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA THALMAN</u>		14. NAME OF HUSBAND OR WIFE <u>WALKER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>DAVID VOLKART, CALIFORNIA, MO.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio-vascular disease</u> DUE TO (c) <u>Cerebral embolism</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>10 months</u> <u>12 years</u> <u>1 year.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		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 <u>Dead when I arrived</u> , 19 <u>51</u> , to <u>2 P</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>2 P</u> , 19 <u>51</u> , and that death occurred at <u>2 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Edgar R. Feltz M.D.</u>		23b. ADDRESS <u>California</u>		23c. DATE SIGNED <u>11/6/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11/6/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>DEFOE</u>		24d. LOCATION (City, town, or county) (State) <u>MONITEAU, MO. BURRIS FORK TWP.</u>	
DATE REC'D BY LOCAL REG. <u>11/20/51</u>		REGISTRAR'S SIGNATURE <u>C. H. Nail</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>WILLIAMS FUNERAL HOME, California, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

File No.
DISTRICT HEALTH OFFICE No. 4

NOV 23 1951

RECEIVED

RECEIVED NOV 24 1951

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed NOV 24 1951

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

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Hugh E. McIlhenny*

Licensed Embalmer No. *3537*

P. O. Address *California 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.