

FILED MAY 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11559**

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>1111</u>			
1. PLACE OF DEATH a. COUNTY BUCHANAN				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Nebraska				b. COUNTY Hamilton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST JOSEPH		c. LENGTH OF STAY (in this place) 4 weeks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HAMPTON		d. STREET ADDRESS (If rural, give location) 25 0 2			
3. NAME OF DECEASED (Type or Print) a. (First) LE ROY			b. (Middle)			c. (Last) KOLB			
4. DATE OF DEATH (Month) (Day) (Year) APRIL 9, 1949			5. SEX MALE <u>0</u>		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED (SEP)		
8. DATE OF BIRTH DEC. 16, 1880		9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months 3		IF UNDER 24 HRS. Days 23 Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BOILER MAKER			10b. KIND OF BUSINESS OR INDUSTRY RAILROAD			11. BIRTHPLACE (State or foreign country) IOWA (REEDFIELD)		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME HENRY KOLB			13b. MOTHER'S MAIDEN NAME Libby Esty			14. NAME OF HUSBAND OR WIFE MANDY ELIZABETH KOLB			
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. Dont Know		17. INFORMANT'S SIGNATURE OR NAME ANNIE KOLB				ADDRESS 215 OHIO ST. ST. JOSEPH 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis ANTECEDENT CAUSES DUE TO (b) Recurrent Cerebral Thrombosis DUE TO (c) Thrombosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. n 3 27						INTERVAL BETWEEN ONSET AND DEATH 6 hours 6 months	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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) (m.)		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>April 1, 1949</u> , to <u>April 9, 1949</u> , that I last saw the deceased alive on <u>April 9, 1949</u> , and that death occurred at <u>8:30 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Benjamin W. Riles, M.D.				23b. ADDRESS St. Joseph, Mo 6207 Keweenaw Ave		23c. DATE SIGNED 4-9-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/12/49		24c. NAME OF CEMETERY OR CREMATORY SHAMBOUGH CEMETERY		24d. LOCATION (City, town, or county) (State) WEATHERBY MO.			
DATE REC'D BY LOCAL REG. April 25, 1949		REGISTRAR'S SIGNATURE to G. Jenkins		382		25. FUNERAL DIRECTOR'S SIGNATURE Earl Clark			
						ADDRESS 120 Illinois Ave.			

(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 _____

B. J. Chang

Student Embalmer No. 294

working under my personal supervision.

Signed *B. J. Chang*
Student Embalmer

Signed *Gene Clark*

Licensed Embalmer No. 4238

P. O. Address *St. Joseph 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.