

FILED AUG 9 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22886

BIRTH NO. 40509-49 REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 188

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

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u>	
c. LENGTH OF STAY (If this place) <u>1 day.</u>		d. STREET ADDRESS (If rural, give location) <u>1203 W High</u>	
d. FULL NAME (If not in hospital or institution, give street address or location) <u>St Mary's Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>KOLB</u> c. (Last) <u>Jr.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 1, 1949</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>July 31, 1949</u>	9. AGE (In years last birthday) <u>0</u> MONTHS <u>0</u> DAYS <u>1</u>	10. IF UNDER 1 YEAR Days	11. IF UNDER 24 HRS. Hours	12. IF UNDER 4 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Jefferson City Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Charles Kolb</u>	13b. MOTHER'S MAIDEN NAME <u>Maryann Fork</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <u>Charles Kolb</u>	ADDRESS
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary atelectasis</u>		INTEGRAL BETWEEN ONSET AND DEATH <u>24 hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Premature birth (0.800 gatalin)</u>		
	DUE TO (c)		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>7625</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from July 31, 1949, to Aug 1, 1949, that I last saw the deceased alive on Aug 1, 1949, and that death occurred at 4:10 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>L. B. Hebl</u>	(Degree or title)	23b. ADDRESS <u>Jefferson City Mo</u>	23c. DATE SIGNED <u>8-1-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 2, 1949</u>	24c. NAME OF CEMETERY OR BURIAL PLACE <u>Bearington</u>	24d. LOCATION (City, town, or county) (State) <u>Jefferson City Mo</u>
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DATE REC'D BY LOCAL REG. <u>Aug 2-1949</u>	REGISTRAR'S SIGNATURE <u>R. P. Sarri MD. MR. 08</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Sylvester Dulles</u>	ADDRESS <u>J. C. Mo.</u>
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RECEIVED  
AUG 8 1949  
District Health Officer No. 9,  
District File Number

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 Sylvester Dulle  
Licensed Embalmer No. 4321  
P. O. Address Jefferson City, 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.