

FILED MAY 15 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **12015**

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>511</u>	
1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. Joseph</b> )		c. LENGTH OF STAY (In this place) <b>1 yr.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		0117	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>209 W. Hyde Park Ave.</b>				d. STREET ADDRESS (If rural, give location) <b>209 W. Hyde Park Ave.</b>			
3. NAME OF DECEASED (Type or Print) <b>PHEBE</b>		a. (First)		b. (Middle) <b>ANN</b>		c. (Last) <b>KOLB</b>	
4. DATE OF DEATH <b>5 2 1950</b>		(Month) (Day) (Year)		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Nov. 12, 1867</b>		9. AGE (In years to birthday) <b>82</b>		IF UNDER 1 YEAR: Months Days	
IF UNDER 1 YEAR: Hours Min.		10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>housekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (State or foreign country) <b>Wood Co., Ohio</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Sam Stackhouse</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Henry Kolb (de)</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>L.A. Stackhouse, 214 W. Hyde Park</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>nephritis</b>  ANTECEDENT CAUSES DUE TO (b) <b>nestrokes</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>4/25/50</b> to <b>5/2/50</b>	
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) <b>St. Joseph Buchanan Missouri</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>4/25/1950</u> , to <u>5/2/1950</u> , that I last saw the deceased alive on <u>5/2/1950</u> , and that death occurred at <u>10:12P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <i>[Signature]</i> (Degree or title)				23b. ADDRESS <b>St. Joseph Mo. 2202 Francis Street</b>		23c. DATE SIGNED <b>5/4/50</b>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5-4-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Weatherby Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Weatherby, Mo.</b>	
DATE REC'D BY LOCAL REG <b>May 6, 1950</b>		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		ADDRESS <b>St. Joseph, Mo.</b>	

0117

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

(Licensed Embalmer's Statement on Reverse Side)

**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 .....  
Student Embalmer

Signed

Student Embalmer No. \_\_\_\_\_  
*John E. Rupp*  
Licensed Embalmer No. 3986  
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.