

FILED OCT 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34047

State File No. _____

5570

| | | | | | | | | | |
|--|--|---|--|---|---|--|---|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>179</u> | | PRIMARY REG. DIST. NO. <u>4288</u> | | Registrar's No. <u>39</u> | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Lincoln</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u> | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Moscow Mills</u>) | | c. LENGTH OF STAY (In this place) <u>10 yrs</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moscow Mills</u> | | <u>0570</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>In home</u> | | | | d. STREET ADDRESS (If rural, give location). | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Chris</u> | | b. (Middle) <u>H.</u> | | c. (Last) <u>Kolb Jr</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>October 15 1950</u> | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>Sept. 2, 1871</u> | | | |
| 9. AGE (In years last birthday) <u>79</u> | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 1 HRS. Hours _____ Min. _____ | | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>General Farming</u> | | | 11. BIRTHPLACE (State or foreign country) <u>Lincoln Co. Missouri.</u> | | | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | 13a. FATHER'S NAME <u>Chris Kolb Sr.</u> | | 13b. MOTHER'S MAIDEN NAME <u>Katherine Peters</u> | | 14. NAME OF HUSBAND OR WIFE <u>Bertha E. Kolb</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>NONE</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Warren Kolb Troy, Missouri</u> | | ADDRESS _____ | | | |
| 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, asthenia, 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) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4-20-1</u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>6 Wks.</u> | |
| 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) _____ | | 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>9/23</u> , 19 <u>50</u> , to <u>10/9</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>10/9</u> , 19 <u>50</u> , and that death occurred at <u>3:00A</u> m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>H.C. Murray M.D.</u> | | | | 23b. ADDRESS <u>Wentzville, Mo.</u> | | 23c. DATE SIGNED <u>10/16/50</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Oct. 16, 1950</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Troy Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Troy, Missouri.</u> | | | |
| DATE REC'D BY LOCAL REG. <u>Oct 21 - 1950</u> | | REGISTRAR'S SIGNATURE <u>Emma B. Riddle</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>162</u> | | ADDRESS <u>Kemper Funeral Home Troy, Missouri.</u> | | | |

(Revised Embalmers' Statement on Reverse Side)

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

OCT 23 1950

RECEIVED

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

Joseph J. Marsh
Licensed Embalmer No. 3932

P. O. Address Troy, Missouri.

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.