

FILED MAR 31 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7900

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 5304 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY COLE b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WARDSVILLE MO c. LENGTH OF STAY (If in this place) NONE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY COLE c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WARDSVILLE d. STREET ADDRESS (If rural, give location) WARDSVILLE, MO.	
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3. NAME OF DECEASED (Type or Print) a. (First) SOPHIA b. (Middle) ANN c. (Last) KOLB			4. DATE OF DEATH (Month) (Day) (Year) MARCH 26, 1951			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MARCH 12, 1961	9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) OSAGE BEND, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JOSEPH EVELER		13b. MOTHER'S MAIDEN NAME ANNA LAUF		14. NAME OF HUSBAND OR WIFE ANTON KOLB	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME J. C. 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertension heart disease		INTERVAL BETWEEN ONSET AND DEATH 22 mos
	ANTECEDENT CAUSES Morbidity 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.			443X

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 5/20, 1949 to 3/26, 1951, that I last saw the deceased alive on 3/26/51, 1951, and that death occurred at 4:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE [Signature]		23b. ADDRESS [Address]		23c. DATE SIGNED 7/28/51	
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24a. BURIAL CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MARCH 29, 1951		24c. NAME OF CEMETERY OR CREMATORY ST STANISLAUS		24d. LOCATION (City, town, or county) (State) WARDSVILLE, MO.	
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DATE REC'D BY LOCAL REG. MARCH 28-1951		REGISTRAR'S SIGNATURE R. P. Darris MD-NR		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS J. C. MO.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

250  
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**RECEIVED** 3-30-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 3-30-51 \_\_\_\_\_

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**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 \_\_\_\_\_

*Sylvester Dull*

Signed \_\_\_\_\_  
Student Embalmer

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.