

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1842**

FILED FEB 13 1952

BIRTH NO. _____ REG. DIST. NO. **174** PRIMARY REG. DIST. NO. **3035** Registrar's No. **17**

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

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give town) Lexington		c. CITY (If outside corporate limits, write RURAL and give township) Wellington, Mo.	
c. LENGTH OF STAY (In this place) 8 weeks		d. STREET ADDRESS (If rural, give location) 3 Blocks South Hy. 24	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Lexington Memorial Hosp			

3. NAME OF DECEASED a. (First) FRED b. (Middle) W. c. (Last) KOLKMEYER			4. DATE OF DEATH (Month) (Day) (Year) Feb. 3, 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 20, 1888	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR: Days 2 Hours 13
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm OWNER		11. BIRTHPLACE (State or foreign country) Wellington, Mo.	
13a. FATHER'S NAME Herman Kolkmeier		13b. MOTHER'S MAIDEN NAME Anna Kruel		14. NAME OF HUSBAND OR WIFE Emilie Kolkmeier	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Fred Kolkmeier Wellington, Mo.	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 to 2 1/2 mos.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension			
		DUE TO (c) Coronary thrombosis 1st attack		1946	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. --			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201		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 **1946**, to **FEB. 2, 1952**, that I last saw the deceased alive on **FEB. 2, 1952**, and that death occurred at **Line A** m., from the causes and on the date stated above.

23a. SIGNATURE Ben H Brasher M.D. (Degree or title)		23b. ADDRESS Lexington Mo		23c. DATE SIGNED 2/5/52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 5, 1952		24c. NAME OF CEMETERY OR CREMATORY St. Lukes Evangelical	
				24d. LOCATION (City, town, or county) (State) Wellington, Mo.	

DATE REC'D BY LOCAL REG. 2-8-52		REGISTRAR'S SIGNATURE Minerva E. Gustafson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. L. Shoppard Wellington, Mo.	
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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.....

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working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer.

Signed *J. Leclair Shppard*
Licensed Embalmer No. *4179*

P. O. Address *Wellington, 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.