

APR 7 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7241

BIRTH NO.		REG. DIST. NO. 10	PRIMARY REG. DIST. NO. 3002	Registrar's No. 56
1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Audrain		
b. CITY OR TOWN Mexico		c. CITY OR TOWN Mexico		
d. FULL NAME OF HOSPITAL OR INSTITUTION Allen Nursing Home		d. STREET ADDRESS (If rural, give location) 219 East Bolivar		
3. NAME OF DECEASED (Type or Print) Katherine Kolling		a. (First)	b. (Middle)	c. (Last)
4. DATE OF DEATH 3 31 1952		5. SEX Female		
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan 19 1909
9. AGE (In years less birthday) 43		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY General duties
11. BIRTHPLACE (State or foreign country) 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME James Dunham		13b. MOTHER'S MAIDEN NAME Leta Fleet		14. NAME OF HUSBAND OR WIFE John Kolling
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME John L Kolling
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute glomerular nephritis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>multiple sclerosis</u> 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.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 345X		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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>April</u> , 19 <u>42</u> , to <u>2-31</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>2-25</u> , 19 <u>52</u> , and that death occurred at <u>3:00 P.</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>W. Van Arsdale</u>		23b. ADDRESS <u>Montgomery City</u>		23c. DATE SIGNED <u>3-31-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE <u>April-2-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bellflower</u>
24d. LOCATION (City, town, or county) (State) <u>Bellflower mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Blanche Neely</u>		
DATE REC'D BY LOCAL REG. <u>Mar 31-1952</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>		ADDRESS <u>Bellflower Mo.</u>

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

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 _____

Me _____, Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Clara A. Jones*

Licensed Embalmer No. 2978

P. O. Address Bellflower 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.