

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29175**

FILED SEP 15 1952

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 281

1. PLACE OF DEATH a. COUNTY <u>St Francois</u> 0940		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-St. Francois Twp.</u> c. LENGTH OF STAY (In this place) <u>2 wks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Liberty</u> 0940	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mineral Area Osteopathic Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>Farmington R.R. 3</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) <u>Martin</u> c. (Last) <u>Kollmeyer</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 10 1952</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White US</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec 5, 1889</u>	9. AGE (In years last birthday) <u>62</u> Months <u>9</u> Days <u>5</u> Hours <u></u> Min. <u></u>
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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>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St Francois Co. Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John J. Kollmeyer</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Beat</u>	14. NAME OF HUSBAND OR WIFE <u>Elizabeth Kollmeyer</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Harry Kollmeyer, Farmington, Mo.</u> ADDRESS <u></u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>20 M weeks</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute Coronary Occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary insufficiency</u> DUE TO (c) <u></u>		
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 <u>420</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Aug 11, 1952, to Sept 10, 1952; that I last saw the deceased alive on Sept 10, 1952, and that death occurred at 2:05 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>P. Reymond</u> (Degree or title)	23b. ADDRESS <u>002 Farmington Mo</u>	23c. DATE SIGNED <u>9/12/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>9/13/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lutheran</u>	24d. LOCATION (City, town, or county) (State) <u>Farmington, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Sept. 13, 1952</u>	REGISTRAR'S SIGNATURE <u>E. A. Audlof</u> 289	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul K. Dupel</u> ADDRESS <u>Miller Funeral Home, Farmington, Mo.</u>
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Paul K. Dwyer

Licensed Embalmer No. 4120

P. O. Address Farmington, N.H.

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.