

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43631

State File No. _____

FILED JAN 4 1954

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 4354

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

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>Hannibal</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>507 North Fifth</u>		e. STREET ADDRESS (If rural, give location) <u>507 North Fifth</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Elizabeth F.</u> b. (Middle) <u>Ann</u> c. (Last) <u>Kolb</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>December 18, 1953</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 2, 1864</u>	9. AGE (In years last birthday) <u>89</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>16</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>XX</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>XX</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Hannibal Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>

13a. FATHER'S NAME <u>John Taylor</u>	13b. MOTHER'S MAIDEN NAME <u>Katherine</u>	14. NAME OF HUSBAND OR WIFE <u>Henry W. Kolb</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>XX</u>	16. SOCIAL SECURITY NO. <u>XX</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Walter Dugan</u>	ADDRESS <u>Hannibal Missouri</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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis, arterio sclerosis in type.</u>		
	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Hypertensive heart disease.</u> DUE TO (c) <u>Senility</u>		
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)
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?

22. I hereby certify that I attended the deceased from 4/7/52, 1952, to 11/30, 1953, that I last saw the deceased alive on 11/30, 1953, and that death occurred at 6:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. L. Murphy M.D.</u>	(Degree or title)	23b. ADDRESS <u>Hannibal Mo.</u>	23c. DATE SIGNED <u>12/21/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/21/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mount Olivet</u>	24d. LOCATION (City, town, or county) (State) <u>Hannibal Missouri</u>
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DATE REC'D BY LOCAL REG. <u>12-24-53</u>	REGISTRAR'S SIGNATURE <u>Dr. E.M. Lucke</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>By W. L. Murphy</u>	ADDRESS <u>Hannibal Missouri</u>
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RECEIVED DEC 29 1953
MARION CO. HEALTH DEPT.
DATE FILED DEC 29 1953

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.....
Signature of Student Embalmer

Signed *John S. Stand*.....
Licensed Embalmer No. 4540.....

P. O. Address Hannibal, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.