

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36789**
4748

FILED NOV 23 1955

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City	c. LENGTH OF STAY (In this place) 1 1/2 yrs.	c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 447 E 81 St.		STREET ADDRESS (If rural, give location) 94 447 E 81 St. 3948	

3. NAME OF DECEASED (Type or Print) a. (First) Louis	b. (Middle) Steven	c. (Last) Colbe	4. DATE OF DEATH (Month) (Day) (Year) 11-5-55
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____	8. DATE OF BIRTH 8-4-15
9. AGE (In years last birthday) 40		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) Supervisor - Sales Jewelry	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) New York City, N.Y.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Harry Colbe	13b. MOTHER'S MAIDEN NAME Annie (Unknown)	14. NAME OF HUSBAND OR WIFE Rosalind
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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) Yes WW II	16. SOCIAL SECURITY NO. -	17. INFORMANT'S SIGNATURE OR NAME Mrs. Rosalind Colbe	ADDRESS Home
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 102 hrs
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion (Sudden)	ANTECEDENT CAUSES DUE TO (b) Over wt. Over work, Tension		4201
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	DUE TO (c) derive + loss of sleep.		
II. OTHER SIGNIFICANT CONDITIONS Onset seemed to him to be acute indigestion	Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION no operation	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) no injury
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none	21e. INJURY OCCURRED WHILE () AT HOME () AT WORK none	21f. HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from **11-4-1955**, to **11-5-1955**, that I last saw the deceased alive on **11-4-1955**, and that death occurred at **12:05 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE J. Harvey Jennett (Degree or title) D	23b. ADDRESS 424 Professional Bldg. Kansas City 6 Mo.	DATE SIGNED 11-5-55
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24a. BURIAL, CREMATION, REMOVAL Removal	24b. DATE 11-5-55	24c. NAME OF CEMETERY OR CREMATORY -	24d. LOCATION (City, town, or county) (State) Houston, Texas
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DATE REC'D BY LOCAL REG. 11-5-55	REGISTRAR'S SIGNATURE Neva Minshall	25. FUNERAL DIRECTOR'S SIGNATURE Louis Fun'l Home	ADDRESS K.C. Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Bo 8020

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 R. Didd* Licensed Embalmer No. *453* P. O. Address *Kansas*

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.