

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053

1. PLACE OF DEATH
a. COUNTY Phelps

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE MO. b. COUNTY Phelps

b. CITY (If outside corporate limits, write RURAL and give township) Rolla c. LENGTH OF STAY (in this place) 75 yrs
c. CITY OR TOWN Rolla d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION Phelps Co. Ho Sp.
e. STREET ADDRESS (If rural, give location) R.R. # 1

3. NAME OF DECEASED (Type or Print)
a. (First) Henman b. (Middle) _____ c. (Last) Kolb

4. DATE OF DEATH (Month) (Day) (Year)
Aug. 23, 1956

5. SEX male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 8. DATE OF BIRTH July 8, 1881 9. AGE (in years last birthday) 75 if UNDER 1 YEAR Months 1 Days 15 if UNDER 4 HRS. Hours 15 Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter 10b. KIND OF BUSINESS OR INDUSTRY - 11. BIRTHPLACE (City and State or Foreign Country) Phelps Co., MO. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Kolb 13b. MOTHER'S MAIDEN NAME Do not know 14. NAME OF HUSBAND OR WIFE Anna Kolb - wife

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) - (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 495-12-5049 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anna Kolb - Rolla, MO - P.O.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerotic Heart Disease
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS Chronic glomerulonephritis
Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of prostate 4200H

INTERVAL BETWEEN ONSET AND DEATH 3 or 4 years

19a. DATE OF OPERATION 8/23/56 19b. MAJOR FINDINGS OF OPERATION Carcinoma of prostate - Metastasis to Bladder & Rectum 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/25/56 to 8/23, 1956, that I last saw the deceased alive on 8/23/56 and that death occurred at 11:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE Wm. [Signature] (Degree or title) 23b. ADDRESS Rolla, MO. 23c. DATE SIGNED 8-27-56

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE Aug. 26 1956 24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery 24d. LOCATION (City, town, or county) (State) St. James, MO.

DATE REC'D BY LOCAL REG Aug 27, 1956 REGISTRAR'S SIGNATURE Nadine L. Stoll 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Prof E. Lieblich - St James

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

RECEIVED

Phelps County Health Officer,

County File Number 613

Date Filed SEP 4 1956

SEP 13 1956

NOV 7 1957

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
Signature of Student Embalmer

Signed Oral E. Tripplie

Licensed Embalmer No. 359

P. O. Address St James

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.