

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 10 1957

12587
STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3060 Registrar's No. 454

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>St. Francois</u>		b. CITY (If outside corporate limits, give-TOWNSHIP only) OR TOWN <u>Farmington, Mo.</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>St. Francois</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb		c. CITY OR TOWN <u>Farmington, Mo.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>John</u>		Middle <u>Henry</u>		Last <u>Kollmeyer</u>		Month <u>Dec.</u> Day <u>28</u> Year <u>1956</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>March 12, 1874</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Farmington, Mo. Rt.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>William Kollmeyer</u>				14. MOTHER'S MAIDEN NAME <u>Anna Zimmer</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT <u>Fred Kollmeyer</u> Address <u>Farmington, Mo.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]						INTERVAL BETWEEN ONSET AND DEATH.	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute circulatory failure</u>						<u>10 min</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Coronary Thrombosis old + new</u>						<u>10 min.</u>	
DUE TO (c) <u>Arteriosclerosis</u>						<u>1-2 yr</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>8-18-56</u> to <u>12-28-56</u> and last saw ^{him} her alive on <u>12-26-56</u> Death occurred at <u>9:45</u> p m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Marvin K. Galoe DO. #2</u>				22b. ADDRESS <u>Farmington Mo.</u>		22c. DATE SIGNED <u>12-29-56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Dec. 30, 1956</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Kollmeyer Family Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>Farmington, Mo. Mt</u>	
24. FUNERAL DIRECTOR <u>C.H. Cozean</u> ADDRESS <u>Farmington, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>12-29-56</u>		26. REGISTRAR'S SIGNATURE <u>Eather Rudloff</u>	

health, Welfare public service
 000
 9-56
 0941
 1
 diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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..... *W. Hoogan*
Licensed Embalmer No. *440*
P. O. Address *Trington*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.

306