

FILED MAR 26 1957

STANDARD CERTIFICATE OF DEATH

State File No. **9801**

BIRTH NO. _____		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>3060</u>		Registrar's No. <u>94</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>				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>Farmington</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Farmington 0941</u>		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				e. STREET ADDRESS (If rural, give location) <u>602 S. Jefferson</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u>		b. (Middle) <u>Adam</u>		c. (Last) <u>Kollmeyer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 18 1957</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>July 9, 1875</u>	
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>9</u>		IF UNDER 1 HR. Hours <u></u> Min. <u></u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Francois Co., Missouri</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>			
13a. FATHER'S NAME <u>William Kollmeyer</u>			13b. MOTHER'S MAIDEN NAME <u>Anna Zimmer</u>			14. NAME OF HUSBAND OR WIFE	
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>488-42-1313</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Emily Kollmeyer Farmington, Missouri.</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary Tumor</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>Thrombotic Encephalomalacia + cerebral hemorrhage</u> DUE TO (c) <u>Advanced arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 da.</u> <u>5 mo.</u> <u>see page</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <u>331x</u>				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <u>Feb</u> , 19 <u>55</u> , to <u>March 18</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>March 17</u> , 19 <u>57</u> , and that death occurred at <u>4 p m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Marvin L. Eulke M.D.</u>				23b. ADDRESS <u>Farmington Mo.</u>		23c. DATE SIGNED <u>3-19-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/21/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lutheran Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Farmington, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>3-19-57</u>		REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Miller Funeral Home Farmington, Missouri.</u>			

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

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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 B. W. Dwyer

Licensed Embalmer No. 4120

P. O. Address Farmington

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.