

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

253337

STATE FILE NUMBER

FILED JUL 19 1957

Registration District No. 200 Primary Registration District No. 5725 Registrar's No. 109

1. PLACE OF DEATH a. COUNTY Macon			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Hawaii b. COUNTY Lanai		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Macon Hudson Twp		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Lanai, Honolulu		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Still-Hildreth Sanatorium			Length of stay in lb 7 1/2 yrs.	d. STREET ADDRESS 409 Kainalu Drive	
3. NAME OF DECEASED (Type or print) Alfred			First Alfred	Middle	Last Kolhof
4. DATE OF DEATH July 4 1957		Month July	Day 4	Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 19, 1884	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 3 Days 16 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager Oil Co.		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Bromberg Germany		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Ehrfried Georg Gustow Kolhof			14. MOTHER'S MAIDEN NAME Ida Auguste Hehne Get Schneider		
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.	17. INFORMANT Annie Kolhof, wife, Honolulu, Hawaii		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive circulatory failure					INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) Prolonged recumbency necessitated by fracture					6 weeks
DUE TO (c) of left hip					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Chronic brain syndrome associated with cerebral arteriosclerosis					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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 October 21, 1952 , to July 4, 1957 and last saw ^{her} him alive on 7/4/57 Death occurred at 7:30 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE J. D. Perkins (Degree or title)		22b. ADDRESS Macon, Missouri	22c. DATE SIGNED 7/4/57		
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	23b. DATE 7-8-57	23c. NAME OF CEMETERY OR CREMATORY AW. Newcomers Sons	23d. LOCATION (City, town, or county) (State) Kansas City, Mo.		
24. FUNERAL DIRECTOR Davis & Davis		ADDRESS Kirkville, Mo.	25. DATE RECD. BY LOCAL REG. 7/4/57	26. REGISTRAR'S SIGNATURE W. M. Neely	

AUG 1 1857

1851 27 1857

MAY 2 1858

Done Filed 7/18/51

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 *Robert B. Harris*

Licensed Embalmer No. 42

P. O. Address *Kirkwood*

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.