

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 3 1958

1304

STATE FILE NUMBER 205

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

300
1-57 D

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: DOCTORS' Hosp.			Length of stay in lb 45 YEARS		d. STREET ADDRESS (If outside, give location) 5645 EAST 28 TH ST.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last JESSE J KOLIE SR.				4. DATE OF DEATH Month Day Year JAN. 11. 1958					
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 July - 18. 1882		9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED ENGINEER			10b. KIND OF BUSINESS OR INDUSTRY RAILROAD		11. BIRTHPLACE (City and state or country) POLAND ⁴		12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13a. FATHER'S NAME UNKNOWN			13b. MOTHER'S MAIDEN NAME KOLIE		14. NAME OF HUSBAND OR WIFE DELLA KOLIE				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. 702-07-1551		17. INFORMANT Address MRS. DELLA KOLIE, 5645 E. 28 TH ST. K.C. MO.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute dilation of heart DUE TO (b) Ch. Myocarditis DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Glomerula Nephritis.						INTERVAL BETWEEN ONSET AND DEATH 15 min 10 yrs 4 & 2 =			
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <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 Nov 1957, to Jan 11, 1958 and last saw him alive on Jan 11, 1958 Death occurred at 12:15 pm on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) F. W. Thompson DO.				22b. ADDRESS 705 Bryant Bldg		22c. DATE SIGNED Jan 11, 1958			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE Jan. 14. 1958	23c. NAME OF CEMETERY OR CREMATORY ST. MARY'S CEMETERY		23d. LOCATION (City, town, or county) KANSAS CITY MISSOURI				
24. FUNERAL DIRECTOR ADDRESS D. W. NEWCOMER'S SONS 1331 BRUSH CREEK KANSAS CITY, MO.			25. DATE RECD. BY LOCAL REG. 1-14-58		26. REGISTRAR'S SIGNATURE neva Marshall				

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

F. W. Thompson



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 *Norman W. Larson*

Licensed Embalmer No. *4889*

P. O. Address *D.C. Mo.*

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.