

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-021954

STATE FILE NUMBER

FILED JUL 11 1958

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

2864

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Luke's Hospital</b>		Length of stay in 1b <b>10 years</b>	d. STREET ADDRESS <b>7532 Baltimore</b>		(If outside, give location) Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Mr. Henry</b> Middle <b>H.C.</b> Last <b>Kolshorn, Sr.</b>			4. DATE OF DEATH Month <b>June</b> Day <b>4,</b> Year <b>1958</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct. 10, 1895</b>	9. AGE (In years last birthday) <b>62</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>District Manager, Western Div.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>R.C.A.</b>	11. BIRTHPLACE (City and state or country) <b>Savannah, Georgia</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Henry Kolshorn</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Mertens</b>		14. NAME OF HUSBAND OR WIFE <b>Mary J. Kolshorn</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b> (If yes, give year or dates of service) <b>W.W. # 1 &amp; 2</b>		16. SOCIAL SECURITY NO. <b>433-03-1977</b>		17. INFORMANT Address <b>Mary J. Kolshorn 7532 Baltimore</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Undiagnosed Disease with fever &amp; chills</b> (P. M. O.)				INTERVAL BETWEEN ONSET AND DEATH <b>3 weeks</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____					
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 checked="" type="checkbox"/> NO <input 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 <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.) <b>Kansas City, Jackson Mo</b>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>2/1/58</b> to <b>6/5/58</b> and last saw her/him <b>live on 6/5/58</b> Death occurred at <b>11:00 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Richard L. Lehner, M.D.</b>			22b. ADDRESS <b>1103 Grand Kansas City, Mo</b>		22c. DATE SIGNED <b>6/6/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>June 6, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Bona Venture Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Savannah, Georgia</b>
24. FUNERAL DIRECTOR <b>Stine &amp; McClure Und. Co., K.C., Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>6-6-58</b>		26. REGISTRAR'S SIGNATURE <b>Nora Minshall</b>	

(Licensed Embalmer's Statement on Reverse Side)

Richard L. Lehner USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.



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 *William M. Turner*

Licensed Embalmer No. *4648*  
P. O. Address *Kansas City, 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.