

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033761

STATE FILE NUMBER

FILED SEP 25 1958

Registration District No. 276 Primary Registration District No. 4410 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Phelps			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. James		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. James		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION None			Length of stay in 1b		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Donald ^{First} Eugene ^{Middle} Kolb ^{Last}				4. DATE OF DEATH Month Day Year sept 17 1958			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH March 15, 1954		9. AGE (In years last birthday) 4	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) St. James, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13. FATHER'S NAME William Kolb				14. MOTHER'S MAIDEN NAME Bertha Bacon			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs, give war or dates of service) no no		16. SOCIAL SECURITY NO. no		17. INFORMANT Address Bertha Bacon St. James, Missouri			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Strangulation (Constriction of larynx)							INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Aspiration of Vomitus		9219		46	
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.		081					
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 _____ to _____ and last saw ^{him} her alive on _____ Death occurred at 8:15 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.							21. dead
22a. SIGNATURE (Degree or title) Ruth B. Powell Local Registrar				22b. ADDRESS St. James, Missouri		22c. DATE SIGNED 9-17-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Sept 20, 1958		23c. NAME OF CEMETERY OR CREMATORY Pine Hill Cemetery		23d. LOCATION (City, town, or county) (State) Phelps Co. Missouri	
24. FUNERAL DIRECTOR Gessie Galt			ADDRESS St. James		25. DATE RECD. BY LOCAL REG. 9-17-58		26. REGISTRAR'S SIGNATURE Ruth B. Powell

(Licensed Embalmer's Statement on Reverse Side)

Health,
Welfare
Public
Service

300
1-56

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. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

4790

RECEIVED

Phelps County Health Officer,

County File Number 1153

Date Filed September 24, 1958

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 C. Jesse Galt

Licensed Embalmer No. 448

P. O. Address W. Jones

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.