

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7582

State File No. ....

FILED APR 1 1952

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

BIRTH NO. _____		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>3008</u>		Registrar's No. <u>104</u>			
1. PLACE OF DEATH a. COUNTY <u>Barton 0143 Mo.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: <u>before admission</u> ) a. STATE <u>MO</u>				b. COUNTY <u>Union</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton</u>		c. LENGTH OF STAY (In this place) <u>7 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>California</u>		TOWN <u>MO</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No 1</u>				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lydia</u>			b. (Middle) <u>Ann</u>		c. (Last) <u>Kolb</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March-25-1952</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>June-1-1862</u>		9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>90 2 24</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Keeping Own House</u>		11. BIRTHPLACE (State or foreign country) <u>Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Christian F. Kolb</u>			13b. MOTHER'S MAIDEN NAME <u>Magdalena Mentia W.K.</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records - Fulton Mo</u>				ADDRESS	
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>Shock from fracture hip.</u>						INTERVAL BETWEEN ONSET AND DEATH <u>7/24</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						9-21-52 63/25/52	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>E9030-20</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, office bldg., etc.) <u>Hospital</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Fulton Calloway MO</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>3-21-52 6:30 a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell on floor.</u>					
22. I hereby certify that I attended the deceased from <u>3/21</u> , 19 <u>52</u> , to <u>3/25</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>3/25/52</u> , 19 <u>52</u> , and that death occurred at <u>7:45 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>M. L. Miller M.D.</u>				23b. ADDRESS <u>State Hospital, Fulton Mo</u>			23c. DATE SIGNED <u>3/25/52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>3-28-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Evangelical</u>		24d. LOCATION (City, town, or county) (State) <u>California Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Mar-25-1952</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>		426 REGISTRAR'S SIGNATURE <u>A. E. Wehm</u>		525 FUNERAL DIRECTOR'S SIGNATURE <u>California, Mo.</u>			

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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 .....  
Student Embalmer

Signed A. E. Wilson

Licensed Embalmer No. 2351

P. O. Address California, 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 this body is not embalmed, fact should be so stated above.