

FILED SEP 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26576

BIRTH NO. _____		REG. DIST. NO. <u>119</u>		PRIMARY REG. DIST. NO. <u>4191</u>		Registrar's No. <u>8</u>	
1. PLACE OF DEATH a. COUNTY <u>Gasconade</u> <u>0370</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gasconade</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2269</u>		d. STREET ADDRESS (If rural, give location) <u>3240 a. 20th St</u> <u>1</u>		e. LENGTH OF STAY (in this place) <u>1 hour</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>HARRY</u> b. (Middle) <u>ADRIAN</u> c. (Last) <u>KULP</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 26 1951</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 9, 1909</u>	
9. AGE (In years last birthday) <u>42</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Painting</u>		11. BIRTHPLACE (State or foreign country) <u>Spring Creek Mo</u> <u>0</u>	
12. CITIZEN OF WHAT COUNTRY? <u>US</u>		13a. FATHER'S NAME <u>Wm A. Kulp</u>		13b. MOTHER'S MAIDEN NAME <u>Ella Jordan</u>		14. NAME OF HUSBAND OR WIFE <u>Katherine Belle Kulp</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War #2</u>		16. SOCIAL SECURITY NO. <u>489-16-9613</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Katherine Kulp, St. Louis, Mo</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION			
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Drowning in Gasconade River</u>				INTERVAL BETWEEN ONSET AND DEATH			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES at Gasconade, Mo (Accidental)			
DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>				DUE TO (c) <u>(Fell into River as boat overturned)</u>			
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>River, Gasconade</u>		21b. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Mo Gasconade Mo</u>		21c. HOW DID INJURY OCCUR? <u>Falling from overturned Boat</u>		21d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>River, Gasconade</u>	
21e. TIME OF INJURY (Month) (Day) (Year) <u>Aug 26 1951</u>		21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21g. HOW DID INJURY OCCUR? <u>Falling from overturned Boat</u>		21h. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>River, Gasconade</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Hugo H. Blumel</u> (Degree or title) <u>Coroner</u>				23b. ADDRESS <u>Hermann, Mo</u>		23c. DATE SIGNED <u>8-26-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-29-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Gasconade Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Gasconade Mo</u>	
DATE REC'D BY LOCAL REG. <u>8/28/51</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Hugo H. Blumel</u> ADDRESS <u>Hermann, Mo</u>			

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

SEP 4 - 1951

RECEIVED

SEP 10 1951
SEP 12 1951

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 _____

.....
working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed.....
Hugo H. Dunkel

Licensed Embalmer No. 3160

P. O. Address Hermann, 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.