

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23598

State File No.

FILED AUG 13 1952

BIRTH NO. _____ REG. DIST. NO. 25 PRIMARY REG. DIST. NO. 4036 Registrar's No. 21

070
1

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

1. PLACE OF DEATH a. COUNTY <u>BATES</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BATES</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>RICH HILL</u>	c. LENGTH OF STAY (In this place) <u>14 MONTHS</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>RICH HILL</u> <u>0070</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>526 1/2 PARK AVE.</u>		d. STREET ADDRESS (If rural, give location) <u>526 1/2 PARK AVE.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JULIA</u> b. (Middle) <u>MILDRED</u> c. (Last) <u>STULTZ</u>	4. DATE OF DEATH <u>AUGUST-3-1952</u>
---	--

5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JULY-11-1896</u>	9. AGE (In years last birthday) <u>56</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 18 YRS. Hours _____ Min. _____
----------------------	-------------------------------	--	---	--	---	---

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>OWN HOME</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	--	--	---

13a. FATHER'S NAME <u>GEORGE W. FARLEY</u>	13b. MOTHER'S MAIDEN NAME <u>RACHEL LAMON</u>	14. NAME OF HUSBAND OR WIFE <u>EARL J. STULTZ</u>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Earl J. Stultz - Rich Hill, Mo.</u>	ADDRESS <u>Rich Hill, Mo.</u>
--	--	---	----------------------------------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>known</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suicide by gas</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) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E972X</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>from furnace natural gas jet -</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	---	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.) <u>home</u>	21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) <u>Rich Hill Bates MO-</u>
--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>about noon</u>
---	---	---

22. I hereby certify that I attended the deceased from _____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John J. Underwood³ Coroner</u>	23b. ADDRESS <u>Butler - Mo-</u>	23c. DATE SIGNED <u>8-5-52</u>
--	-------------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>	24b. DATE <u>AUG-8-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ELMWOOD CREMATORY</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MISSOURI</u>
---	--------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>Aug. 7, 1952</u>	REGISTRAR'S SIGNATURE <u>Mrs. Edna D. Darglass</u>	FUNERAL DIRECTOR'S SIGNATURE <u>North Funeral Service - Rich Hill, Mo.</u>	ADDRESS <u>Rich Hill, Mo.</u>
---	---	---	----------------------------------

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 Robert G. Steinbock

Licensed Embalmer No. 4657

P. O. Address Butte, 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.