

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH31428  
State File No. ....

FILED OCT 14 1952

BIRTH NO. ....

REG. DIST. NO. 139

PRIMARY REG. DIST. NO. 4225

Registrar's No. 70

1. PLACE OF DEATH a. COUNTY Holt				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Atchison			
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Oregon			c. LENGTH OF STAY (in this place) 3 wks	c. CITY (If outside corporate limits, write RURAL and give township) TOWN Tarkio-rural			d. STREET ADDRESS (If rural, give location) /
d. FULL NAME OF HOSPITAL OR INSTITUTION Brown Nursing Home							
3. NAME OF DECEASED (Type or Print) a. (First) ULYSSES		b. (Middle) SIMPSON		c. (Last) McNULTY		4. DATE OF DEATH (Month) (Day) (Year) Sept 27, 1952	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH July 11, 1864		9. AGE (In years last birthday) 88	10. IF UNDER 1 YEAR 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY general farming		11. BIRTHPLACE (State or foreign country) Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME John McNulty		13b. MOTHER'S MAIDEN NAME Mary		14. NAME OF HUSBAND OR WIFE Clara Horton			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Miss Hope McNulty			
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* Cardiac Decompensation  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Postoperative Prostatectomy				INTERVAL BETWEEN ONSET AND DEATH 1 wks  Unknown	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Tarkio, Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Sept 1, 1952, to Sept 27, 1952, that I last saw the deceased alive on Sept 27, 1952, and that death occurred at 1:30 P.M., from the causes and on the date stated above.							
23a. SIGNATURE J. F. Sweeney M.D.				23b. ADDRESS Atchison, Mo.		23c. DATE SIGNED 10-8-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 9/29/52	24c. NAME OF CEMETERY OR CREMATORY Home Cemetery		24d. LOCATION (City, town, or county) (State) Tarkio, Mo.		
DATE REC'D BY LOCAL REG. 10-10-1952		REGISTRAR'S SIGNATURE James H. Crawford		25. FUNERAL DIRECTOR'S SIGNATURE Davis Funeral Home		ADDRESS Tarkio, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 24 1953

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.....

*John M. Davis*  
Licensed Embalmer No. 2394

P. O. Address Tarkio, 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.