

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6065**
768

FILED FEB 27 1953

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>768</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Platte</u>			
b. CITY OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>2 hrs</u>		c. CITY OR TOWN <u>R7D. - Parkerille</u>		0830	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research hospital</u>				d. STREET ADDRESS (If rural, give location) <u>4 mi. N.E.</u>			
3. NAME OF DECEASED (Type or Print) <u>JOHN</u> (First) <u>Charles</u> (Middle) <u>KULP</u> (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 3, 1953</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>June, 7-1887</u>	
9. AGE (In years last birthday) <u>65 5/8</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Insurance - Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Life</u>		11. BIRTHPLACE (State or foreign country) <u>Golden Eagle, Ill!</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		13a. FATHER'S NAME <u>August Kulp</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Schultze</u>		13c. NAME OF HUSBAND OR WIFE <u>Mary Margaret Kulp</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>488-09-7855</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs John Kulp</u>		ADDRESS <u>Parkerille</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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart failure</u> ANTECEDENT CAUSES <u>Calcific Aortic Stenosis</u> DUE TO (b) <u>Resulting in:</u> <u>marked pulmonary edema</u> <u>marked cerebral edema</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2 hr</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		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 <u>6:35 PM</u> to <u>6:35 PM</u> that I last saw the deceased alive on _____, 19____, and that death occurred at _____ on _____ and the causes and on the date stated above.							
23a. SIGNATURE <u>Harold K. Allibach, M.D.</u>				23b. ADDRESS <u>2300 Holmes, K.C., Mo</u>		23c. DATE SIGNED <u>2/3/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Feb 7-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Quindaro Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u>	
DATE REC'D BY LOCAL REG. <u>2-5-53</u>		REGISTRAR'S SIGNATURE <u>Eveline Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jelaud H. Francis</u>		ADDRESS <u>Parkerille</u>	

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

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 Leland N. Francis

Licensed Embalmer No. 3451

P. O. Address Parkville, 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.