

5. No. 300
 10. As FILED MAR 31 1953

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

10225
 State File No.

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5578 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Prairie</u>		c. LENGTH OF STAY (In this place) <u>3 mo.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Lee's Summit,</u>		<u>7001</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson County Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>Missouri 4+ Grand</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ulmer</u>		b. (Middle) <u>Joseph</u>	c. (Last) <u>Mulligan</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March-14-1953</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced 3</u>	8. DATE OF BIRTH <u>Dec. 23, 1883</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Accountant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Auditing</u>	11. BIRTHPLACE (State or foreign country) <u>Lee's Summit, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Thomas James Mulligan</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann Carroll</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>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>E.P. Mulligan, Lee's Summit 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>				INTERVAL BETWEEN ONSET AND DEATH
	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.				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				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)			
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 <u>12-16-52</u> , 19 <u>52</u> , to <u>3-14-53</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>3-18-</u> , 19 <u>53</u> , and that death occurred at <u>7:30 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Square-Regina MD.</u>			23b. ADDRESS <u>1032 W. Bldg. K.C. Mo.</u>		23c. DATE SIGNED <u>3/14/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 18, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodland Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Independence Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Mar 17-53</u>	REGISTRAR'S SIGNATURE <u>W. H. Langford</u>	483	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Langford</u>		
			ADDRESS <u>Lee's Summit Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Licensed Embalmer No. *4820*

P. O. Address *Leek Summit, Pa.*

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.