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FILED JUN 22 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20966

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 97

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

1. PLACE OF DEATH
a. COUNTY: Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Harrison Ville
c. LENGTH OF STAY (in this place): 25 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ~~Harrisonville~~ Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lone Jack 1001
d. STREET ADDRESS (If rural, give location): ~~City~~ Village

3. NAME OF DECEASED (Type or Print)
a. (First): Ralph
b. (Middle):
c. (Last): Mulder

4. DATE OF DEATH (Month) (Day) (Year): June 14 1953

5. SEX: Male 0
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single 0
8. DATE OF BIRTH: Aug-5-1874
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Holland 4
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: -------
17. INFORMANT'S SIGNATURE OR NAME: Record Rowland 4010 Prospect
ADDRESS: K.C.Mo

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) Carcinoma, colon, hepatic flexure — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.

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: 153X
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 14, 1953 *to* 6-14-, 1953, *that I last saw the deceased alive on* 6-14-, 1953, *and that death occurred at* 10 L.P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ann Ehlund MD
23b. ADDRESS: Pleasant Hill, Mo
23c. DATE SIGNED: 6-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 16-1953
24c. NAME OF CEMETERY OR CREMATORY: Lone Jack Cem
24d. LOCATION (City, town, or county) (State): Lone Jack Mo

DATE REC'D BY LOCAL REG.: June 15, 1953
REGISTRAR'S SIGNATURE: Dora Barnard 45710
25. FUNERAL DIRECTOR'S SIGNATURE: Webb Funeral Home Blue Springs Mo
ADDRESS: RB Webb

(Licensed Embalmer's Statement on Reverse Side)

JUL 22 1953

RECEIVED
JUN 20
CASS COUNTY
HEALTH DEPARTMENT

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 RB Webb

Signed.....
Student Embalmer

Licensed Embalmer No. 2353

P. O. Address Blue Springs M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.