

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22029**  
Registrar's No. **53**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004

1. PLACE OF DEATH a. COUNTY <u>Barton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Colorado</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lamar</u>	c. LENGTH OF STAY (In this place) <u>2 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Denver</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lamar Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>850 8</u>	
3. NAME OF DECEASED a. (First) <u>Angeline Elizabeth</u> b. (Middle) _____ c. (Last) <u>Ulaski</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 20 - 54</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 29, 1901</u>
9. AGE (In years last birthday) <u>53</u>		IF UNDER 1 YEAR <u>2</u> MONTHS	IF UNDER 1 Mtn. <u>21</u> HOURS
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 _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Paul Brundage</u>	
13b. MOTHER'S MAIDEN NAME <u>Maud Gerard</u>		14. NAME OF HUSBAND OR WIFE <u>Frank Ulaski</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>522-24-0562</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Virgil Simmons, Arcola, Mo.</u>		ADDRESS _____	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Stroke</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>E9319</u> <u>46</u>	
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) <u>006</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>July 18, 1954</u> to <u>July 20, 1954</u> that I last saw the deceased alive on <u>July 19, 1954</u> and that death occurred at <u>3:45 PM</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>H.M. Arnold M.D.</u>		23b. ADDRESS <u>Lamar, Mo</u>	
23c. DATE SIGNED <u>7-20-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>JUL 20 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Riverside Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Denver, Colorado</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. C. Canada</u>	
25. ADDRESS <u>Greenfield, Mo.</u>		DATE REC'D BY LOCAL REG. <u>7-20-54</u>	
REGISTRAR'S SIGNATURE <u>Marie Konantz</u>		14-0	

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

2061

JUL 29 1954

**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 \_\_\_\_\_

*J. C. Canada*

Licensed Embalmer No. 4196

P. O. Address Greenfield, 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.