

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40357

State File No. _____

FILED JAN 10 1955

BIRTH NO. _____ REG. DIST. NO. 58 PRIMARY REG. DIST. NO. 5214 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>Carter</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carter</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>RURAL Johnson</u>		c. LENGTH OF STAY (in this place) <u>35 yr</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Hunter, Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hunter,</u>	
		d. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Edward</u>	b. (Middle) _____	c. (Last) <u>Ulbrich</u>	(Month) <u>12</u>	(Day) <u>15</u>	(Year) <u>54</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>Sept. 1, 1890</u>	9. AGE (In years last birthday) <u>64</u>	# UNDER 1 YEAR Months _____	# UNDER 1 YEAR Days _____	# UNDER 1 YEAR Hours _____	# UNDER 1 YEAR Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Germany</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Edward Ulbrich</u>	13b. MOTHER'S MAIDEN NAME <u>Pauline Scheckinger</u>	14. NAME OF HUSBAND OR WIFE <u>Ida Ulbrich</u>
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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. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Henry Ulbrich, Hunter, Mo.</u>	ADDRESS _____
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suicide by Firearms</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.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.) <u>Log Woods</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Hunter Carter Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12-15-1954</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Placed Gun Barrel on Chest</u>
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22. I hereby certify that I attended the deceased from Dead on Arrival 1954, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Coleman M. Applem</u>	23b. ADDRESS <u>Van Buren, Mo</u>	23c. DATE SIGNED <u>12/15/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-19-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hunter</u>	24d. LOCATION (City, town, or county) (State) <u>Hunter, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Jan 7-1955</u>	REGISTRAR'S SIGNATURE <u>Mrs Octa Henson</u>	50 70	25. FUNERAL DIRECTOR'S SIGNATURE <u>Greer Croy & Fitch Popler</u>	ADDRESS <u>Bluff Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 5 1955

APR 18 1955

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 Allen C. M. Sporden

Licensed Embalmer No. 4543

P. O. Address Van Buren 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.