

FILED APR 9 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8893

State File No.

BIRTH NO.		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>3023</u>		Registrar's No. <u>146</u>	
1. PLACE OF DEATH a. COUNTY <u>Henry</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u> c. LENGTH OF STAY (In this place) <u>6 days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wetzel Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u> c. CITY OR TOWN <u>Holden</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>0510</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>NORA</u> b. (Middle) <u>OPAL</u> c. (Last) <u>ULSHAFFER</u>		4. DATE OF DEATH <u>April 2, 1956</u> (Month) (Day) (Year)		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug. 1, 1901</u> (Month) (Day) (Year)		9. AGE (In years last birthday) <u>54</u> Months <u>8</u> Days <u>1</u>		10. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Ava, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>John Crabtree</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Morris</u>	
14. NAME OF HUSBAND OR WIFE <u>Everett C. Ulshafer</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Everett C. Ulshafer</u> ADDRESS <u>Holden, 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, asphyxia, etc. It means the disease, injury, or complication which caused death. 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Paralytic ileus</u> ANTECEDENT CAUSES <u>Post Surgical</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Post Surgical</u> DUE TO (c) <u>Post Surgical</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>			
19a. DATE OF OPERATION <u>3-28-56</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>2</u>	
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"/>	
22. I hereby certify that I attended the deceased from <u>3-22</u> , 19 <u>56</u> , to <u>4-2</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>4-2</u> , 19 <u>56</u> , and that death occurred at <u>2:50 AM.</u> , from the causes and on the date stated above.				23a. SIGNATURE <u>Dr. S. W. Wetzel</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Clinton Mo.</u>	
23c. DATE SIGNED <u>4-2-56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr. 5, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Holden, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Tansant</u>		25. ADDRESS <u>Clinton, Mo.</u>		DATE REC'D BY LOCAL REG. <u>4-2-56</u>	
REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Tansant</u>		25. ADDRESS <u>Clinton, Mo.</u>		DATE REC'D BY LOCAL REG. <u>4-2-56</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.....
Signature of Student Embalmer

Signed *W. J. Kinsant*.....

Licensed Embalmer No. *377*.....

P. O. Address *Clinton*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.