

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 0 2 3 2 0 6
State File No.

FILED JUN 17 1957

BIRTH NO. _____ REG. DIST. NO. 323 PRIMARY REG. DIST. NO. 6091 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>SALINE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LA FAYETTE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-SALT POND TWP.</u>		c. CITY OR TOWN <u>AULLVILLE</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <u>NONE</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>2 mi. WEST OF SWEET SPRINGS</u>		0540	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ALFRED</u> b. (Middle) <u>ALLAN</u> c. (Last) <u>STULKEN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 11 1957</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, <input type="checkbox"/> WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>MAY 30, 1939</u>	9. AGE (In years last birthday) <u>18</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 hrs. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FACTORY WORKER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>SHOE FACTORY</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>AULLVILLE, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>EDWARD STULKEN</u>	13b. MOTHER'S MAIDEN NAME <u>OLA MAE WAHIN</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</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. <u>490-42-2379</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Edward Stulken</u> ADDRESS <u>Aullville, Mo.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broken Neck.</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) <u>Car Collision + Truck-</u>		
	DUE TO (c) <u>Hit Concrete Postman</u>		
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>Cocident Highway 40.</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) <u>Salt Pond</u> (COUNTY) <u>Saline</u> (STATE) <u>Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 11 - 57 - 6:30</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Car Hit Postman Concrete</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred on June 11, 19____, at 6:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>P.L. Lawless M.D.</u> (Degree or title) <u>3</u>	23b. ADDRESS <u>Marshall Mo.</u>	23c. DATE SIGNED <u>6-11-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>6/15/57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CITY</u>	24d. LOCATION (City, town, or county) (State) <u>HIGGINSVILLE, Mo</u>
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DATE REC'D BY LOCAL REG. <u>June 14, 1957</u>	REGISTRAR'S SIGNATURE <u>Dorothy Inasley</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E.S. James</u> ADDRESS <u>Concordia, Mo</u>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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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 me....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed E. S. Jimma.....

Licensed Embalmer No. 205

P. O. Address Concordia

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.