

FILED DEC 6 - 1957

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH
40733
STATE FILE NUMBER
 Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 579

 pt. Health,
 & Welfare
 S. Public
 Health Service

 S. 300
 av. 1-56

recording the medical certification in the specific manner required by 193.140 MoRS 1949.

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Independence</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Independence</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1900 N. Liberty</u>			Length of stay in 1b <u>10 yrs</u>		d. STREET ADDRESS (If outside give location) <u>1900 N. Liberty</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>Richard</u> , Middle <u>E.</u> , Last <u>Ulman</u>				4. DATE OF DEATH Month <u>Nov</u> - Day <u>21</u> - Year <u>1957</u>									
5. SEX <u>Male</u>		6. COLOR OF RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>July-8-1889</u>		9. AGE (In years last birthday) <u>68</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>		IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter - Millwright</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>		11. BIRTH PLACE (City and state or country) <u>Flax City, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					
13. FATHER'S NAME <u>Richard Ulman</u>						14. MOTHER'S MAIDEN NAME <u>Mary Ann Welch</u>							
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>385-09-3545</u>		17. INFORMANT <u>Ruby H. Ulman</u> Address <u>Indep. Mo</u>							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>arteriosclerotic heart disease</u> DUE TO (c) <u> </u>										INTERVAL BETWEEN ONSET AND DEATH <u> </u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u> </u>										19. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u> </u>										
20c. TIME OF INJURY Hour - Month, Day, Year a. m. p. m. <u> </u>			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>										
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u> </u>			20f. CITY, TOWN, OR LOCATION <u> </u>			COUNTY <u> </u>			STATE <u> </u>				
21. I attended the deceased from <u>June 1956</u> to <u>Nov 21, 1957</u> and last saw <u>him</u> alive on <u>Oct 16, 1957</u> Death occurred at <u> </u> m on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>E. B. Allen</u> (Doctor or title)						22b. ADDRESS <u>10901 W. 19th Indep. Mo</u>			22c. DATE SIGNED <u>11/25/57</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Nov 24, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mound Grove</u>			23d. LOCATION (City, town, or county) (State) <u>Independence, Missouri</u>						
24. FUNERAL DIRECTOR <u>Coland R. Speaks - Indep. Mo</u> ADDRESS <u> </u>				25. DATE RECD. BY LOCAL REG. <u>11-25-57</u>			26. REGISTRAR'S SIGNATURE <u>James L. Gray</u>						

(Licensed Embalmer's Statement on Reverse Side)

DEC 4 1957

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..... *Rollie Kessel*

Licensed Embalmer No. *469*

P. O. Address *Indep.*

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.