Health, Welfare Public Service

300
1-56

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

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

58-031993
STATE FILE NUMBER

FILED SEP 30 1958 Registration District No. 53 Primary Registration District No. ____ Registrar's No. 470

**1. PLACE OF DEATH**
a. COUNTY: Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Cape Girardeau — Inside Limits: Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St, Francis — Length of stay in 1b

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Cape Girardeau
c. CITY OR TOWN: Gordonville Mo. — Inside Limits: Yes ☐ No X
d. STREET ADDRESS (If outside, give location): 1Mi. E, Gordonville — Reside on Farm: Yes ☐ No X

**3. NAME OF DECEASED** (Type or print): First: Charles Middle: Albert Last: Ulrich

**4. DATE OF DEATH** Month: Sept. Day: 24 Year: 1958

**5. SEX:** M

**6. COLOR OR RACE:** W

**7. MARRIED** X **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

**8. DATE OF BIRTH:** Dec. 4 - 1920

**9. AGE** (In years last birthday): 37 — IF UNDER 1 YEAR: Months 9 Days 20 — IF UNDER 24 HRS.: Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Mechanic

**10b. KIND OF BUSINESS OR INDUSTRY:** Fixing Cars

**11. BIRTHPLACE** (City and state or country): Missouri

**12. CITIZEN OF WHAT COUNTRY?** U. S. A.

**13. FATHER'S NAME:** Joe Ulrich

**14. MOTHER'S MAIDEN NAME:** Mable Newburn

**15. WAS DECEASED EVER IN U. S. ARMED FORCES?** (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W. 2

**16. SOCIAL SECURITY NO.:** 496-14-5628

**17. INFORMANT** Address: Mrs. Evelyn Fluegge Gordonville Mo.

**MEDICAL CERTIFICATION**

**18. CAUSE OF DEATH** [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Metastatic sarcoma — INTERVAL BETWEEN ONSET AND DEATH: 27 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 1992
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

**19. WAS AUTOPSY PERFORMED?** YES ☐ NO ☐

**20a. ACCIDENT** ☐ **SUICIDE** ☐ **HOMICIDE** ☐
**20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in Part I or Part II of item 18.)
**20c. TIME OF INJURY** Hour a. m. p. m. Month, Day, Year
**20d. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**20e. PLACE OF INJURY** (e. g., in or about home, farm, factory, street, office bldg., etc.)
**20f. CITY, TOWN, OR LOCATION** COUNTY STATE

21. I attended the deceased from July 2, 1956, to Sept 24, 1958 and last saw him alive on Sept 23, 1958
Death occurred at ____ m on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title): J. N. Jaeger, M D **22b. ADDRESS:** Jackson, Mo **22c. DATE SIGNED:** Sept 25, 1958

**23a. BURIAL, CREMATION, REMOVAL** (Specify): Burial **23b. DATE:** 9-26-58 **23c. NAME OF CEMETERY OR CREMATORY:** Zion Methodist **23d. LOCATION** (City, town, or county) (State): 2 Mi. W. Gordonville Mo.

**24. FUNERAL DIRECTOR** ADDRESS: Deneke-Laird Jackson Mo. **25. DATE RECD. BY LOCAL REG.:** Sept 29, 1958 **26. REGISTRAR'S SIGNATURE:** Mrs. Homer Cooper

(Licensed Embalmer's Statement on Reverse Side)

DEC 9 1958

OCT 8 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed R. O. Laird

Licensed Embalmer No. 45

P. O. Address Jackson, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.