

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-044549

STATE FILE NUMBER

92697-58  
FILED JAN 13 1959

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 18

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-57

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Iowa</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Independence</u>		c. CITY OR TOWN <u>Harmon</u> 5140	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Indy Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>515 So Maple</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>B. Roger Daniel Ullsian</u>		4. DATE OF DEATH Month Day Year <u>Dec-27-1958</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec-27-1958</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and state or country) <u>Independence Mo</u>
13a. FATHER'S NAME <u>Gary Ullsian</u>		13b. MOTHER'S MAIDEN NAME <u>Lynda Stapelton</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
15. WAS DECEASED MEMBER IN U. S. ARMED FORCES? (Yes, if unknown) <input type="checkbox"/> If yes, give war or dates of service	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT <u>Gary Ullsian</u> Address <u>Harmon Iowa</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>Prematurity (4-4 1/2 mo)</u>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
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 <input type="checkbox"/> NO <input checked="" 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>776x</u>		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <u>12-17-58</u> to <u>12-27-58</u> and last saw <sup>her</sup> him alive on <u>12-27-58</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>J. Bachman mo</u> (Degree or title)	22b. ADDRESS <u>Indy. mo</u>	22c. DATE SIGNED <u>12-27-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>Dec-29-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mound Stone</u>	23d. LOCATION (City, town, or county) (State) <u>Independence Mo</u>
24. FUNERAL DIRECTOR <u>Roland R. Peaks</u> ADDRESS <u>Indy Mo</u>	25. DATE RECD. BY LOCAL REG. <u>12-29-58</u>	26. REGISTRAR'S SIGNATURE <u>James S. Craig</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Wrapped & Packed*  
*Pollie Fussel* .....

Licensed Embalmer No. *4690* .....  
P. O. Address *Indep 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.