Health, & Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004757
STATE FILE NUMBER

FILED MAR 11 1958 Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 87

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

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Cape
c. CITY OR TOWN: Cape Girardeau — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 1507 Price Dr. — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Paul Middle: Jamie Last: Ulrich
4. DATE OF DEATH: Month Mar Day 3 Year 1959
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Mar 3 1959
9. AGE (In years last birthday) — IF UNDER 1 YEAR: Months / Days 1 — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Cape Girardeau Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME: Paul Ulrich
13b. MOTHER'S MAIDEN NAME: Norma Jean Pickens
14. NAME OF HUSBAND OR WIFE: Child
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT: Mr Paul Ulrich Address: Cape Gir 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) Subarachnoid Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 12 hours
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): 7600
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 Mar. 3, 1959, to Mar. 3, 1959 and last saw ~~him~~ him alive on Mar. 3, 1959
Death occurred at 9:25 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Gerald M. Foxworth, M.D.
22b. ADDRESS: 24 N. Spring Cape Girardeau, Mo.
22c. DATE SIGNED: 3/4/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3-4-1959
23c. NAME OF CEMETERY OR CREMATORY: Memorial Park
23d. LOCATION (City, town, or county) (State): Cape Girardeau Mo.

24. FUNERAL DIRECTOR: Brinkopf Howell Fun. Home ADDRESS: Cape Girardeau Mo.
25. DATE RECD. BY LOCAL REG.: March 7, 1959
26. REGISTRAR'S SIGNATURE: Mr. Homer Cooper

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Not Embalmed, Student Embalmer No. ..... working under my personal supervision.

Student ..... Signature of Student Embalmer

Signed Nutt H. Grassheider

Licensed Embalmer No. 4994

P. O. Address Cape Girardeau, M

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.