

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034862

FILED VS. OCT 10 1960

149

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. 4784

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u>		Length of stay in 1b <u>5 1/2 yrs</u>		c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hosp</u>			Inside Limits Y <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>1310 Admiral</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>Elmer</u> Middle <u>H.</u> Last <u>Kulp</u>				4. DATE OF DEATH Month <u>9</u> Day <u>18</u> Year <u>60</u>									
5. SEX <u>male</u>		6. COLOR OR 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>4/3/83 77</u>		9. AGE (last birthday) <u>77</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Bakery goods</u>		11. BIRTHPLACE (City and state or country) <u>Montgomery, Ala.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>					
13a. FATHER'S NAME <u>Isaac Kulp</u>				13b. MOTHER'S MAIDEN NAME <u>Susan Seacock</u>				13c. NAME OF HUSBAND OR WIFE <u>Tala Kulp</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, furnish war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>487-03-1064</u>		17. INFORMANT <u>Theodore Kulp</u>		Address <u>N.C., 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>Thrombosis of basilar and left middle cerebral arteries.</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
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.)									
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year											
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.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE					
21. I attended the deceased from <u>9-15-60</u> and last saw him live on <u>9/18/60</u> Death occurred at <u>11:45</u> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>H.L. Dwyer</u> (Degree or title)				22b. ADDRESS <u>2400 Kemp City</u>				22c. DATE SIGNED <u>9/18/60</u>					
23a. BURIAL, CREMATION, REMOVAL. (Specify) <u>Burial</u>		23b. DATE <u>9/20/60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Kansas City</u>							
24. FUNERAL DIRECTOR <u>C.N. Blackman & Son N.C., Mo</u>				25. DATE RECD. BY LOCAL REG. <u>9-20-60</u>		26. REGISTRAR'S SIGNATURE <u>H.L. Dwyer</u>							

DOCUMENT

MEDICAL CERTIFICATION

L. Dwyer

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Bert B. Bennett

Licensed Embalmer No. 4656

P. O. Address R. C. 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.