RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-048837
STATE FILE NUMBER

FILED VS JAN 23 1961
DED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6587

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in 1b: 55 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Trinity Lutheran Hosp — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS 2114 Cinna (If outside, give location) — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First CHARLES Middle HENRY Last ULRICH SR.
4. DATE OF DEATH: Month 12 Day 27 Year 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH: 8/29/1874
9. AGE (last birthday): 86
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): Stationary Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Hotel
11. BIRTHPLACE (City and state or country): Wakesha, Wisc.
12. CITIZEN OF WHAT COUNTRY: U.S.A
13a. FATHER'S NAME: Emil Ulrich
13b. MOTHER'S MAIDEN NAME: Mary Paule
14. NAME OF HUSBAND OR WIFE: Anna C. Ulrich
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Charles H. Ulrich Jr. Address: 1165 S. Elmwood

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Myocardial Infarct	2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Coronary occlusion	2 days
DUE TO (c)	Coronary Atherosclerosis	Months

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. ☐ Yes ☐ No ☐ Unknown

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 12-25-60 to 12-27-60 and last saw ~~her~~ him alive on 12-27-60
Death occurred at 11:50 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF David Henry

22a. SIGNATURE A. David Henry (Degree or title) M.D.
22b. ADDRESS 1115 Grand
22c. DATE SIGNED 12-28-60
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12/30/1960
23c. NAME OF CEMETERY OR CREMATORY: Elmwood Cem.
23d. LOCATION (City, town, or county): Kansas City (State): Mo
24. FUNERAL DIRECTOR: C. H. Blackmer & Son ADDRESS: K.C., Mo
25. DATE RECD. BY LOCAL REG.: 12-29-60
26. REGISTRAR'S SIGNATURE: H. L. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Herbert B. Bai

Signature of Student Embalmer

Licensed Embalmer No. 4888

P. O. Address KC 24, M

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