

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-007689

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 212 Primary Registration District No. 3044 Registrar's No. 12

VS 300
Rev. 4/59

1 0661
2 06612

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12 90-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

F. L. LEE MAR 12 1963		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)	
a. COUNTY Miller		a. STATE Mo.	b. COUNTY Miller
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Eldon		c. CITY OR TOWN Eldon	
Length of stay in lb years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital; give location) HOSPITAL OR INSTITUTION 205 N. Franklin		d. STREET ADDRESS (If outside, give location) 205 N. Franklin	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last Mariatta Ulrey			4. DATE OF DEATH Month Day Year March 3, 1963
5. SEX female	6. COLOR OR RACE caucasian	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/19/78
9. AGE (last birthday) 84		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Fayetteville, Ark.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME George Barringer	
13b. MOTHER'S MAIDEN NAME Kate Stirnagle		14. NAME OF HUSBAND OR WIFE Daniel Ulrey	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) no		16. SOCIAL SECURITY NO.	17. INFORMANT Address Jack Ulrey Eldon, Mo.
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart Failure, Congestive DUE TO (b) Myocardial Regeneration DUE TO (c) Atherosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a) Chronic Emphysema due to Acquired Substitution			INTERVAL BETWEEN ONSET AND DEATH 7 mo
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 July 1962 to 3 March 63 and last saw her him alive on 3 March 1963 Death occurred at 12: 05 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Carl J. Burkholder, MD		22b. ADDRESS Eldon, Mo	
22c. DATE SIGNED 3-4-63		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 3/5/63		23c. NAME OF CEMETERY OR CREMATORY Eldon	
23d. LOCATION (City, town, or county) (State) Eldon, Missouri		24. FUNERAL DIRECTOR ADDRESS Phillips Funeral Home Eldon, Mo.	
25. DATE RECD. BY LOCAL REG. March 4, 1963		26. REGISTRAR'S SIGNATURE Alvretta Dalt	

USE BLACK INK
OR
TYPEWRITER RIBBON

MAR 13 1963

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 Don E. Phillips

Licensed Embalmer No. 5108

P. O. Address Ellelu

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.