

FILED JUN 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16157

BIRTH NO. _____ REG. DIST. NO. 126 PRIMARY REG. DIST. NO. 4197 Registrar's No. 54

0380
4

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY GENTRY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN STANBERRY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HOPKINS	
c. LENGTH OF STAY (in this place) 9 DAYS		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION HARMONY Hill REST-HAVEN STANBERRY, Mo			

3. NAME OF DECEASED (Type or Print) a. (First) FRANK b. (Middle) — c. (Last) ULMER			4. DATE OF DEATH (Month) (Day) (Year) MAY 20-1951		
5. SEX MALE		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH MAR. 8-1877		9. AGE (In years last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) HOPKINS, Mo		12. CITIZEN OF WHAT COUNTRY U.S.	

13a. FATHER'S NAME George Ulmer		13b. MOTHER'S MAIDEN NAME Eliza Lutz		14. NAME OF HUSBAND OR WIFE Lucy Ulmer	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Frank Ulmer-Hopkins, Mo	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Emphysema / Hemorrhagic Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Infarction and thrombosis of extremities DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility - articular changes				INTERVAL BETWEEN ONSET AND DEATH 331X	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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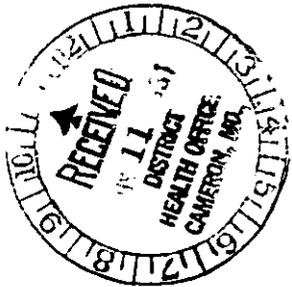
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from June 10th 1951 to May 20, 1951, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:25 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul C. Minichian do		23b. ADDRESS Stanberry, Mo.		23c. DATE SIGNED 5-20-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAY 23-1951		24c. NAME OF CEMETERY OR CREMATORY Hopkins Cemetery		24d. LOCATION (City, town, or county) (State) Hopkins Mo	
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DATE REC'D BY LOCAL REG. June 8-1951		REGISTRAR'S SIGNATURE Edith Schilde		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Taney Swanson, Hopkins, Mo	
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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 _____

....., *myself* Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed *Stanley Swanson*
Licensed Embalmer No. *3963*

P. O. Address *Hopkins, 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 this body is not embalmed, fact should be so stated above.