

ED OCT 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32503

BIRTH NO. _____ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 5039 Registrar's No. 72

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI Mo. b. COUNTY Barry	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Rural-Butterfield twp.		c. CITY (If outside corporate limits, write RURAL and give township) TOWN Rural-Butterfield twp.	
c. LENGTH OF STAY (In this place) 72 yrs.		d. STREET ADDRESS (If rural, give location) 2 mi. N.E. of Butterfield, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 mi. N.E. of Butterfield			

3. NAME OF DECEASED (Type or Print)	a. (First) Martha	b. (Middle) Ellen	c. (Last) Ulmer	4. DATE OF DEATH (Month) (Day) (Year) Sept. 25, 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 11, 1879	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Housekeeping	11. BIRTHPLACE (State or foreign country) Barry County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John K. Terry	13b. MOTHER'S MAIDEN NAME Mary A. Riddle	14. NAME OF HUSBAND OR WIFE Jacob C. 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. None	17. INFORMANT'S SIGNATURE OR NAME G. C. Ulmer, Butterfield, Mo.	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		19. BETWEEN ONSET AND DEATH 6 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Uterus</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 4-4 1945, to 9-25, 1951, that I last saw the deceased alive on 9-15, 1951, and that death occurred at 7:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE J. D. Baldwin M.D.	(Degree or title) D.O.	23b. ADDRESS Barry, Mo.	23c. DATE SIGNED 10-1-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/28/51	24c. NAME OF CEMETERY OR CREMATORY Arnhart Cemetery	24d. LOCATION (City, town, or county) (State) Barry County, Mo.
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DATE REC'D BY LOCAL REG. 2-2-1951	REGISTRAR'S SIGNATURE Grace Williams	25. FUNERAL DIRECTOR'S SIGNATURE W.C. Roon	ADDRESS Cassville, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED OCT 8 1951

Dist. File 1021-1801
Date Filed 10-11-51

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 _____

working under my personal supervision.

Student Embalmer No.

Signed W. C. Koon

Signed.....
Student Embalmer

Licensed Embalmer No. 4359

P. O. Address Cassville, 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.