

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **2666**
REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3056** Registrar's No. **45**

1. PLACE OF DEATH a. COUNTY RANDOLPH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MO b. COUNTY RANDOLPH	
b. CITY (If outside corporate limits, write RURAL and give town or township) MOBERLY		c. CITY (If outside corporate limits, write RURAL and give township) MOBERLY	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 1005 HENRY ST		d. STREET ADDRESS (If rural, give location) 1005 HENRY ST	
3. NAME OF DECEASED (Type or Print) a. (First) CERULA b. (Middle) MAY c. (Last) ULMAN			4. DATE OF DEATH (Month) (Day) (Year) FEB 3 1953
5. SEX F	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH DEC 15 1869
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOUSEKEEPING	9. AGE (In years last birthday) 83
11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME SAMUEL BAXTER		13b. MOTHER'S MAIDEN NAME JULIA SHERMAN	14. NAME OF HUSBAND OR WIFE JOSEPH ULMAN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. MISS	17. INFORMANT'S SIGNATURE OR NAME E. J. HAISEIT ADDRESS
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hyperstatic Pneumonia	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Influenza		INTERVAL BETWEEN ONSET AND DEATH 18 hrs	
DUE TO (c) Emboli		DUE TO (d) Unknown	
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 480X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 27-June 1953 , to Feb 3 1953 , that I last saw the deceased alive on Feb 3 1953 , and that death occurred at 7:40 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Chas. J. Kelly M.D.		23b. ADDRESS Moberly Mo	23c. DATE SIGNED 2/4/53
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 2-5-53	24c. NAME OF CEMETERY OR CREMATORY BROADFIELD CEMETERY	24d. LOCATION (City, town, or county) (State) DAVIDSFIELD MO
DATE REC'D BY LOCAL REG. 2-5-53	REGISTRAR'S SIGNATURE Seaborn	25. FUNERAL DIRECTOR'S SIGNATURE Charles V. Henry	ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Charles V. Steering

Signed.....
Student Embalmer

Licensed Embalmer No. *4625*

P. O. Address *Chesnee 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.