

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19468

State File No.

FILED JUL 11 1955

BIRTH NO. _____ REG. DIST. NO. 211 PRIMARY REG. DIST. NO. 4324 Registrar's No. 18-55

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Oregon b. COUNTY Maltнома	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Tuscumbia, Missouri)		c. CITY OR TOWN Portland	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) _____		f. STREET ADDRESS (If rural, give location) Route 2, Box 404	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) Lonnie	a. (First)	b. (Middle) Gilbert	c. (Last) Ulman	4. DATE OF DEATH June 23 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH November 22, 1937	9. AGE (In years last birthday) 17	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soldier	10b. KIND OF BUSINESS OR INDUSTRY US Army	11. BIRTHPLACE (City and State or Foreign Country) Fruida, Colorado	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Arthur Ulman	13b. MOTHER'S MAIDEN NAME Jessie (unknown)	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Jan 17, 55 to Jun 23, 55	16. SOCIAL SECURITY NO. 23, 55	17. DEFORMANT'S SIGNATURE OR NAME G.B. Milligan, Major MSC, Ft. Leonard Wood, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Evisceration, traumatic, complete of brain		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fracture, compound, Comminuted of Skull		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Laceration of right lung, liver and spleen. Fracture of ribs, right Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 52 near Tuscumbia, Miller Missouri	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY June 23, 1955 4:30a	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Struck by motor vehicle
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22. I hereby certify that I ~~attested~~ ^{signed} the deceased ~~was~~ ^{born} **23 June**, 1955, to _____, and that death occurred at **04:30 am.**, from the causes and on the date stated above.

23a. SIGNATURE D. B. Dunham, D.O., Coroner	(Degree or title)	23b. ADDRESS Tuscumbia, Mo.	23c. DATE SIGNED 6-24-1955
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE June 27-55	24c. NAME OF CEMETERY OR CREMATORY Skyline Memorial Gardens	24d. LOCATION (City, town, or county) (State) Portland OREGON
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DATE REC'D BY LOCAL REG. July 1-55	REGISTRAR'S SIGNATURE Mrs. A.E. Kallenbach	25. FUNERAL DIRECTOR'S SIGNATURE Walter P. Hedger	ADDRESS Meria, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

300
48

60
3

8368

664

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 *Clarence E. Moss*.....

Licensed Embalmer No. *479*

P. O. Address *Waynesville*

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.