

FILED SEP 13 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27321

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>5569</u>		Registrar's No. <u>388</u>	
1. PLACE OF DEATH a. COUNTY <u>JACKSON (Barting)</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY R2</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>KANSAS CITY</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>67th & 3rd Richmond</u>				e. STREET ADDRESS (If rural, give location) <u>RURAL ROUTE #2 7000</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>ISSAC</u>		b. (Middle) <u>ELMER</u>		c. (Last) <u>ULMAN</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 23 1956</u>		5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>July 26 1966</u>		9. AGE (In years last birthday) Months Days Hours Min. <u>90</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GENERAL</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Brunley, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		13a. FATHER'S NAME <u>Andrew S. Ulman</u>		13b. MOTHER'S MAIDEN NAME <u>Dolly LENSLEY</u>	
14. NAME OF HUSBAND OR WIFE <u>OPAL EMMA ULMAN</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>OPAL VANHLEET</u>	
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) <u>Hepatic Coma</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Obstructive jaundice</u> DUE TO (c) <u>Malignancy - Primary site liver or bile ducts?</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> <u>4 months</u> <u>6 mo.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>155x</u>				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 <u>18 May 1956</u> , to <u>23 Aug 1956</u> , that I last saw the deceased alive on <u>14 Aug 1956</u> , and that death occurred at <u>VA</u> m., from the cause <u>and on the date stated above.</u>							
23a. SIGNATURE (Degree or title) <u>Jack M. Davis MD</u>				23b. ADDRESS <u>Raytown, Mo</u>		23c. DATE SIGNED <u>24 Aug 56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>Aug 24, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Gate Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Brunley, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>8-24-56</u>		REGISTRAR'S SIGNATURE <u>James S. [unclear]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter J. Hedges</u>		ADDRESS <u>Sharda, Mo.</u>	

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

S. No. 300
V. 10-48

SEP 26 1958

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 *Lewell C. Craig*

Licensed Embalmer No. *4764*

P. O. Address *(ROCKER,)*

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.