

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-004575
STATE FILE NUMBER

FILED FEB 24 1958

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 168

300
1-57

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1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA St. Joseph Hosp.		d. STREET ADDRESS (If outside, give location) 3149 Midland	
3. NAME OF DECEASED (Type or print) First Middle Last HAROLD EUGENE ULRICH		4. DATE OF DEATH Month Day Year Feb. 6 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 12, 1936
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Routeman		10b. KIND OF BUSINESS OR INDUSTRY Cont. Baking Co.	11. BIRTHPLACE (City and state or country) King City, Missouri
13a. FATHER'S NAME Harold S. Ulrich		13b. MOTHER'S MAIDEN NAME Marie King	14. NAME OF HUSBAND OR WIFE Mary Pelares Ulrich
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. 489-36-4716	17. INFORMANT Harold S. Ulrich Address King City, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL HEMORRHAGE			INTERVAL BETWEEN ONSET AND DEATH UNK.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ACUTE TRAUMA			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) AUTO-TRUCK COLLISION, THROWN FROM TRUCK, TRUCK FELL ON HIM	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. 7:46 AM. FEB. 6, 1958		20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 16th & Penn., St. Joseph, Mo.		20f. CITY, TOWN, OR LOCATION ST. JOSEPH, BUCHANAN MO.	
21. I attended the deceased from UNATTENDED , to _____ and last saw him ^{her} alive on _____ Death occurred at Assistant City Health Officer on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Lawrence H. Geyer, M.D.		22b. ADDRESS 1302 Farson St. Joseph.	
22c. DATE SIGNED 2-14-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2-6-58	23c. NAME OF CEMETERY OR CREMATORY King City Cemetery	23d. LOCATION (City, town, or county) (State) King City Missouri
24. FUNERAL DIRECTOR Harold E. Hoodell		25. DATE RECD. BY LOCAL REG. Feb. 20, 1958	26. REGISTRAR'S SIGNATURE Mrs. Clark Hoodell

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Secretary, coroner, etc.: most use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

VS MAY 23 1960

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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, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Harold E. Madril*

Licensed Embalmer No. *4609*
P. O. Address *King City, N.C.*

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.