

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013592

STATE FILE NUMBER
1934

FILED MAY 13 1959

Registration District No. 149 Primary Registration District No. 1002

Registrar's No. 1934

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION Harper Rug Company 4056 Broadway		Length of stay in lb 10 Yrs.	
d. STREET ADDRESS 6314 Hagerwood Road		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Guy Middle I Last Ulery			4. DATE OF DEATH Month April Day 16 Year 1959
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
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager Harper Rug Co.		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Girard, Kansas
13a. FATHER'S NAME John A. Ulery		13b. MOTHER'S MAIDEN NAME Mary Freed	14. NAME OF HUSBAND OR WIFE Margaret Ulery
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. 441 01 5699	17. INFORMANT Address: Margaret Ulery 6314 Hagerwood, Dr.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction acute			INTERVAL BETWEEN ONSET AND DEATH 2 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input 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.)	20f. CITY, TOWN, OR LOCATION	COUNTY _____ STATE _____
21. I attended the deceased from 8-1-59 to 4-16-59 and last saw ^{her} _{him} alive on 1-27-58 Death occurred at 12:10 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE M. Donald McFarland (Degree or title) M.D.		22b. ADDRESS 315 Nida Rd	22c. DATE SIGNED 4/17/59
23a. BURIAL, CREMATION, REINTERMENT Burial (city)	23b. DATE 4 18 59	23c. NAME OF CEMETERY OR CREMATORY Mt. Moria n	23d. LOCATION (City, town, or county) (State) K. C. Mo.
24. FUNERAL DIRECTOR D.W. Newcomers Sons ADDRESS 1331 Brush Creek Blvd. Kansas City, Mo.		25. DATE RECD. BY LOCAL REG. 4-17-59	26. REGISTRAR'S SIGNATURE Neve Marshall

M. Donald McFarland ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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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 *C. J. Nelson*

Licensed Embalmer No. *4427*
P. O. Address *Kansas*

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.