URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAY 20 1960

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 184

60-018772
STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Jefferson City
Length of stay in 1b: 3 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Marys Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY: Cole
c. CITY OR TOWN: Jefferson City
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 214 Adams
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Oscar Middle: Herman Last: Dulle
4. DATE OF DEATH: Month: May Day: 16 Year: 1960
5. SEX: male
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 7/8/1884
9. AGE (last birthday): 75
IF UNDER 1 YEAR: Months: 10 Days: 8
IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shoe cutter
10b. KIND OF BUSINESS OR INDUSTRY: shoe factory
11. BIRTHPLACE (City and state or country): Jefferson City Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Herman Dulle
13b. MOTHER'S MAIDEN NAME: Anna Blume
14. NAME OF HUSBAND OR WIFE: Pearl Dulle
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 490-09-8911 A
17. INFORMANT: Mrs Herbert Markway Address: JC Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Myocardial infarction	48 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Chronic arteriosclerotic and valvular Heart Disease	20 yrs
DUE TO (c)	Decompensation, Arteriosclerosis and Rheumatic Fever	20 yrs (?)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Metastatic carcinoma of liver and lungs; primary site undetermined until tissues are read. (Autopsy results incomplete)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 Aug 14, 1959 to May 16, 1960 and last saw him alive on May 16, 1960
Death occurred at 10 03 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: W Donald Shull (Degree or title) M.D.
22b. ADDRESS: 521 E. High Jefferson City Mo.
22c. DATE SIGNED: May 17, 60

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 5/18/1960
23c. NAME OF CEMETERY OR CREMATORY: Resarection
23d. LOCATION (City, town, or county) (State): Jefferson City Mo.
24. FUNERAL DIRECTOR: Dulle Funeral Home ADDRESS: J.C. Mo.
25. DATE RECD. BY LOCAL REG.: 18 May 1960
26. REGISTRAR'S SIGNATURE: R.P. Dorris, MD - M Richter, Dep.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

APR 15 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed James E. Eynard

Signature of Student Embalmer

Licensed Embalmer No. 4978

P. O. Address Jeff. City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.