

FILED APR 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13184
State File No.

BIRTH NO. _____		REG. DIST. NO. <u>231</u>		PRIMARY REG. DIST. NO. <u>4346</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Montgomery</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Montgomery</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				d. STREET ADDRESS (If rural, give location) <u>none</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Samuel</u>		b. (Middle) <u>P.</u>		c. (Last) <u>Hults</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4-11-1949</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>		8. DATE OF BIRTH <u>10-14-1866</u>		9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months _____ Days _____
IF UNDER 24 HRS. Hours _____ Min. _____	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>XX</u>		11. BIRTHPLACE (State or foreign country) <u>Williamsburg Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>James Hults</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Love</u>		14. NAME OF HUSBAND OR WIFE <u>Leona Hults</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Raymond Reid</u> ADDRESS _____			
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>acute Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Paracarcinoma of Stomach</u> DUE TO (c) _____ 1511 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>24 hrs.</u> <u>?</u>
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>no</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>None</u>			
22. I hereby certify that I attended the deceased from <u>Mar 2</u> , 19 <u>49</u> , to <u>April 11</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>April 11</u> , 19 <u>49</u> , and that death occurred at <u>7 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>James O. Helm, M.D.</u>				23b. ADDRESS <u>New Florence Mo.</u>		23c. DATE SIGNED <u>4-11-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-13-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Montgomery City Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Montgomery City Mo</u>	
DATE REC'D BY LOCAL REG. <u>4-13-49</u>		REGISTRAR'S SIGNATURE <u>Bernice Wyatt</u>		FUNERAL DIRECTOR'S SIGNATURE <u>C.W. Hopkins</u>		ADDRESS <u>Montgomery City Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

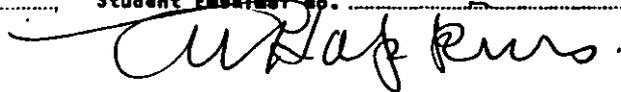
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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, ~~on~~ on the
day of April 1949

working under my personal supervision.

Student Embalmer No. _____



Signed _____ C. W. Hopkins

Signed.....
Student Embalmer

Licensed Embalmer No. 1487

P. O. Address Montgomery City Mo.

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 this body is not embalmed, fact should be so stated above.