

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14261**
1904

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____				
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, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 35 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		3348				
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Krestwoods Medical Hosp.				d. STREET ADDRESS (If rural, give location) 2529 Cypress Avenue						
3. NAME OF DECEASED (Type or Print) a. (First) John			b. (Middle) E.		c. (Last) Hults		4. DATE OF DEATH (Month) (Day) (Year) April 6, 1953			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 22, 1892		9. AGE (In years last birthday) 60	10. UNDER 1 YEAR Months _____	11. UNDER 1 YEAR Days _____	12. UNDER 1 Mts. Hours _____	13. UNDER 1 Mts. Mts. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter			10b. KIND OF BUSINESS OR INDUSTRY Self Employed		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Erastus Hults			13b. MOTHER'S MAIDEN NAME Bertha Wilson			14. NAME OF HUSBAND OR WIFE Bessie Hults				
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. 500-03-1827		17. INFORMANT'S SIGNATURE OR NAME Bessie Hults ADDRESS 2529 Cypress K.C., Mo					
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) Arteriosclerotic Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardiac atherosclerosis DUE TO (c) Chronic						INTERVAL BETWEEN ONSET AND DEATH 42			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION						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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.										
23a. SIGNATURE Geo. C. Kealhofer (Degree or title) 3				23b. ADDRESS 4050 Broadway Kansas			23c. DATE SIGNED 4-8-53			
24. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 4/10/53	24c. NAME OF CEMETERY OR CREMATORY Wm. Wash. Cem.		24d. LOCATION (City, town, or county) (State) K.C. Mo					
DATE REC'D BY LOCAL REG. 4-9-53		REGISTRAR'S SIGNATURE Geraldine Smith			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Earp & Sons 4139 Truman Rd. K.C., Mo					

(Licensed Embellisher's Statement on Reverse Side)

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
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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