

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **8725**
Registrar's No. **1050**

FILED MAR 26 1957

Registration District No. **149** Primary Registration District No. **1001**

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. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 5816 BROOKLYN AVE				Length of stay in IP 51 YEARS		d. STREET ADDRESS (If outside, give location) 5816 BROOKLYN AVE.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First WILLIAM Middle O. Last HULTS			4. DATE OF DEATH Month MAR. Day 4 Year 1957					
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 JULY 21 1899	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HRS.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) EMPLOYEE		10b. KIND OF BUSINESS OR INDUSTRY CHIEF FREIGHT LINES		11. BIRTHPLACE (City and state or country) JOPLIN, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME JAMES HULTS				14. MOTHER'S MAIDEN NAME SARAH WHISNENT				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WORLD WAR I		16. SOCIAL SECURITY NO. 500-20-7543		17. INFORMANT Address MRS. FANNY HULTS, 5816 BROOKLYN, K.C.Mo.				
18. CAUSE OF DEATH [Enter only one cause per line for (b), (c), and (d).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive pulmonary embolism, acute, bilateral DUE TO (b) Thrombosis, right superficial femoral vein DUE TO (c) Metastatic carcinoma of the liver and periaortic lymph PART II. OTHER CAUSES CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I: Carcinoma of the recto-sigmoid; Carcinoma of the prostate							INTERVAL BETWEEN ONSET AND DEATH Sudden	
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 12:00 Month NOON Day NOON Year NOON								
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 10-13-54 to 3-4-57 and last saw ^{her} him alive on 2-16-57 Death occurred at 12:00 NOON m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Carl R. Ferris M.D.				22b. ADDRESS 535 Argyle Bldg Kansas City Mo		22c. DATE SIGNED 3-5-57		
23a. BURIAL CREMATION, REMOVAL (Specify)	23b. DATE MARCH 6, 1957	23c. NAME OF CEMETERY OR CREMATORY WOODLAWN CEMETERY		23d. LOCATION (City, town, or county) (State) KANSAS CITY KANSAS				
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS			ADDRESS 1331 Brush Creek	25. DATE RECD. BY LOCAL REG. 3-6-57	26. REGISTRAR'S SIGNATURE new minshall			

Use only black ink or ribbon typewrite if possible. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be casually related. Doctor, coroner, etc. must use only black ink or ribbon typewrite if possible. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be casually related.

Carl R. Ferris

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 *Edward M. St...*

Licensed Embalmer No. *49*

P. O. Address *K.C. 11*

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