

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25185
State File No.

FILED AUG 1 1957

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 5616 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY Knox		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Knox	
b. CITY (If outside corporate limits, write RURAL and give town or township) 1 Mi. SW of Colony		c. CITY OR TOWN	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 6 yrs		f. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence			

3. NAME OF DECEASED (Type or Print) a. (First) ANDREW b. (Middle) PETER c. (Last) PULTS			4. DATE OF DEATH July 18, 1957		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Jan 7, 1871	9. AGE (In years less birthday) 86	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. farmer		10b. KIND OF BUSINESS OR INDUSTRY Ret Farmer	11. BIRTHPLACE (City and State or Foreign Country) Hamilton County, Ohio		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Henry Pults		13b. MOTHER'S MAIDEN NAME Jane McKinney		14. NAME OF HUSBAND OR WIFE Mary E. Rudicil Pults	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Russell Pults ADDRESS Rutledge, 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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		INTERVAL BETWEEN ONSET AND DEATH 10 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		
	DUE TO (c) Hypertension		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 443x	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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?
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22. I hereby certify that I attended the deceased from July 1, 1957, to July 18, 1957, that I last saw the deceased alive on July 1, 1957, and that death occurred at m. from the causes and on the date stated above.

23a. SIGNATURE R. Phillips D.O.	23b. ADDRESS Anax City, Mo	23c. DATE SIGNED 7-20-57
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 20 July '57	24c. NAME OF CEMETERY OR CREMATORY Knox City Cemetery
		24d. LOCATION (City, town, or county) (State) Knox City, Missouri

DATE REC'D BY LOCAL REG. July 23.	REGISTRAR'S SIGNATURE W. S. Humolt	25. FUNERAL DIRECTOR'S SIGNATURE A. G. Limer ADDRESS Edina, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

51

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 A. G. Rimmer, Student Embalmer No. 54

working under my personal supervision.

Student A. G. Rimmer Signed Mrs. J. W. Hudson
Signature of Student Embalmer

Licensed Embalmer No. 297

P. O. Address Edina

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.