

FILED JAN 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3840

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 176

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Christian County	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Wash Sup.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Selmore,	
d. FULL NAME OF HOSPITAL OR INSTITUTION Nevada State Hospital # 32		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) Julian	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Jan. 1 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH May 5 1906	9. AGE (In years last birthday) 42	IF UNDER 1 YEAR Months 5	IF UNDER 1 YEAR Days 6	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (State or foreign country) Selmore, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Ben Jones	13b. MOTHER'S MAIDEN NAME Nellie Mooney	14. NAME OF HUSBAND OR WIFE single
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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. not known	17. INFORMANT'S SIGNATURE OR NAME Nevada State Hospital # 3 Records	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death. 107	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Exhaustion</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>191</u>			

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 Jan 7 - 1949, to 1-8, 1949 that I last saw the deceased alive on 1-1, 1949, and that death occurred at 3:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. Hall</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>Nevada Mo</u>	23c. DATE SIGNED <u>1-1-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>1-1-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HR</u>	24d. LOCATION (City, town, or county) (State) <u>Ozark, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-3-49</u>	REGISTRAR'S SIGNATURE <u>Kathryn Yancy</u>	331	25. FUNERAL DIRECTOR'S SIGNATURE <u>Allen V. Day</u>	ADDRESS <u>Nevada, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 71

District File Number 12-48-1529

Date Filed 1-5-49

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. 83

working under my personal supervision.

Student Bert B. Bennett
Student Embalmer

Signed Allen H. Hays
Licensed Embalmer No. 1968

P. O. Address Nevada, 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.