

FILED MAR 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

M. Bee, 4003
State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>25</u>		PRIMARY REG. DIST. NO. <u>2084</u>		Registrar's No. <u>7</u>	
1. PLACE OF DEATH a. COUNTY <u>BATES</u> b. CITY (If outside corporate limits, write RURAL and give town OR <u>RICH HILL</u>) c. LENGTH OF STAY (in this place) <u>3 years</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.F.D.-RICH HILL</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BATES</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RICH HILL</u> d. STREET ADDRESS (If rural, give location) <u>R.F.D.-RICH HILL Mo.</u>			
3. NAME OF DECEASED a. (First) <u>MIKE</u> b. (Middle) <u>NMI</u> c. (Last) <u>JULO</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB-24-1949</u>		5. SEX <u>MALE</u> 6. COLOR OR RACE <u>WHITE</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>SEPT-29-1884</u>		9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR Months <u>26</u> Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>VARIED</u>		11. BIRTHPLACE (State or foreign country) <u>NAPLES ITALY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>MICHAEL JULO</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>WILSIE JULO</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>495-03-2402</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Wilsie Julo</u> ADDRESS <u>Rich Hill Mo.</u>			
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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Coronary occlusion</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None noted</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <u>X</u> (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Rich Hill</u> <u>Bates</u> <u>MO</u>			
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 <u>Feb 24, 1949</u> , to _____, 19____, that I last saw the deceased alive on <u>Feb 24, 1949</u> , and that death occurred at <u>8:15 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>T.R. M. Bee</u> (Degree or title)				23b. ADDRESS <u>P.O. Box 1471 Rich Hill Mo.</u>		23c. DATE SIGNED <u>2-28-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>FEB. 28</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FORREST HILLS</u>		24d. LOCATION (City, town, or county) (State) / <u>KANSAS CITY - MO</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 28. 1949</u>		REGISTRAR'S SIGNATURE <u>Mrs. Edna Donaglave</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Booth Funeral Home - Rich Hill Mo.</u> ADDRESS _____			

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

DEC 15 1949

RECEIVED
District Health Officer No. 7,
District File Number 2-49-153
Date Filed 3-1-49

MAR 14 1949

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.

Signed Robert G. Steinbeck

Signed.....
Student Embalmer

Licensed Embalmer No. 4657

P. O. Address Butte, 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.