

FILED SEP 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26735

State File No. _____
Registrar's No. 200

BIRTH NO. _____ REG. DIST. NO. 131 PRIMARY REG. DIST. NO. 3023

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institutional: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u>	
c. LENGTH OF STAY (In this place) <u>3 days</u>		d. STREET ADDRESS (If rural, give location) <u>205 North Carter</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Clinton Genl Hosp</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPH W</u> b. (Middle) <u>JULIAN</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 2 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>FEB 1 1870</u>		9. AGE (In years last birthday) <u>79</u> <u>7</u> <u>1</u>		10. IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Retail Merchant</u>		11. BIRTHPLACE (State or foreign country) <u>Mo</u>
12. CITIZENRY OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>MADISON J. Julian</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca Judd</u>		14. NAME OF HUSBAND OR WIFE <u>James Julian</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Vance Julian Clinton Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>TOXEMIA</u>		DUE TO (b) <u>Intestinal obstruction</u>			<u>2 days</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Holobulus at Sigmoid</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					<u>5703</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 (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, highway, 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 8/31 1949, to 9 2, 1949 that I last saw the deceased alive on 8/2, 1949 and that death occurred at 9 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ed. C. Peeler M.D.</u> (Degree or title)		23b. ADDRESS <u>Clinton Mo</u>		23c. DATE SIGNED <u>9/3/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/4/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Englewood</u>	
24d. LOCATION (City, town, or county) (State) <u>Clinton Mo</u>					

DATE REC'D BY LOCAL REG. <u>Sept 3, 49</u>		REGISTRAR'S SIGNATURE <u>Flourence Adair</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. E. Conzelius Clinton</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

42
2

RECEIVED

District Health Officer No. 7

District File Number 8-49-10

Date Filed 9-7-49

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.

working under my personal supervision.

Student
Student Embalmer

Signed *J E Consolm*

Licensed Embalmer No. 1891

P. O. Address Clinton, 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.