

No. 300
10. 48

FILED APR 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9791

State File No.

BIRTH NO. _____ REG. DIST. NO. 254 PRIMARY REG. DIST. NO. 4385 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Oregon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Oregon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Koshkonong</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Koshkonong</u>	
c. LENGTH OF STAY (in this place) <u>23 Yrs.</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. TOWN <u>Koshkonong</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>HUBERT</u> b. (Middle) <u>GENE</u> c. (Last) <u>JULIAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Unknown</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. 26, 1927</u>		9. AGE (In years last birthday) <u>23</u>		10. IF UNDER 1 YEAR: Months <u>0</u> Days <u>9</u> Hours <u>0</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Koshkonong, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Levi Julian</u>		13b. MOTHER'S MAIDEN NAME <u>Rachel Johnston</u>		14. NAME OF HUSBAND OR WIFE <u>Ellen Kussler Julian</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes 2nd World War</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Rachel Julian Koshkonong, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cause Pending</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>7955</u>	
II. 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		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) <u>Barry</u>	
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?	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Lee O. Martin, Owner</u>		23b. ADDRESS <u>St. Joseph, Mo</u>		23c. DATE SIGNED <u>3-21-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 7, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Koshkonong Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Koshkonong, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Leland Lutz, Shaver, Mo</u>			
DATE REC'D BY LOCAL REG. <u>Mar-24-50</u>		REGISTRAR'S SIGNATURE <u>Ella Crase 416</u>		5. FEDERAL DIRECTOR'S SIGNATURE ADDRESS	

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

No answers on form

750

APR 25 1950

RECEIVED 3-28-50

District Health Officer No. 5,

District File Number 3-50204

Date Filed 3-30-50

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

working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.