

FILED JUL 24 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

23303

Registrar's No. 633

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>633</u>	
1. PLACE OF DEATH a. COUNTY <u>GREENE</u>				2. USUAL RESIDENCE (Where deceased lived. Institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>GREENE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD</u>		c. LENGTH OF STAY (in this place) <u>1 WEEK</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOHNS HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>1608 N. DOUGLAS</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>EVERETTE</u> c. (Last) <u>JULIAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 14 1950</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>12 MARCH 1887</u>	
9. AGE (in years last birthday) <u>63</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>WEIGHMASTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>STOCKYARDS</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>PRESTON M. JULIAN</u>			13b. MOTHER'S MAIDEN NAME <u>LAURA JACOBS</u>		14. NAME OF HUSBAND OR WIFE <u>ETTA JULIAN</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME <u>JACK JULIAN</u>		ADDRESS <u>SPGFD. MO.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Nephrosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>malignant hypertension</u>				2 yrs.			
DUE TO (c)							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>447 X</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 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?			
22. I hereby certify that I attended the deceased from <u>27 June, 1950</u> , to <u>July 14, 1950</u> , that I last saw the deceased alive on <u>July 14, 1950</u> , and that death occurred at <u>7:50 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Paul C. Morton, M.D.</u>				23b. ADDRESS <u>1630 N. Jefferson Springfield, Mo.</u>		23c. DATE SIGNED <u>7-15-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>16 JULY 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WESLEY CHAPEL CEME.</u>		24d. LOCATION (City, town, or county) (State) <u>NEAR WILLARD MO.</u>	
DATE REC'D BY LOCAL RES. <u>7-17-50</u>		REGISTRAR'S SIGNATURE <u>W E Handley M.D.</u>		FUNERAL DIRECTOR'S SIGNATURE <u>J. W. Klingner &amp; Co.</u>		ADDRESS <u>Spfld. Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

376

No. 300  
10-48

**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 Ogle Stone Jr

Licensed Embalmer No. 4176

P. O. Address Springfield

**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.