

FILED OCT 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29563

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>379</u>		
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>		c. LENGTH OF STAY (in this place) <u>2 day</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gray Ridge</u> <u>1030</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Poplar Bluff Hospital</u>				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>			b. (Middle) <u>Lee</u>		c. (Last) <u>Julian</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 21, 1950</u>	
5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec. 16, 1883</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>5</u>	IF UNDER 4 HRS. Hours <u>5</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Blacksmith (ret.)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Blacksmithing</u>		11. BIRTHPLACE (State or foreign country) <u>Woodruff Co. Ark.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Thomas Julian</u>			13b. MOTHER'S MAIDEN NAME <u>Viola Razor</u>		14. NAME OF HUSBAND OR WIFE <u>Harriet E. 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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Harriet E. Julian Gray Ridge, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis, Chronic and</u> ANTECEDENT CAUSES <u>myocardial degeneration</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis; general</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2</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) m.		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>Sept 20</u> , 19 <u>50</u> , to <u>Sept 21</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Sept 21</u> , 19 <u>50</u> , and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Harold O. Henrikson M.D.</u>				23b. ADDRESS <u>Poplar Bluff Mo.</u>		23c. DATE SIGNED <u>9/26/50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-24-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hill cemetery</u>		24d. LOCATION (City/town, or county) (State) <u>Bloomfield, Mo. R. 2</u>			
DATE REC'D BY LOCAL REG. <u>Sept 27 1950</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u> <u>428</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Watkins Funeral Ser. Dexter, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

0123

RECEIVED

OCT 3 1958

BUTLER CO. HEALTH CENTER

FILE No. 1050-~~400~~

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.....
Student Embalmer

Signed Walter Marsh Walker

Licensed Embalmer No. 4717

P. O. Address Dexter, 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.