

FILED APR 24 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13189**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **385** PRIMARY REG. DIST. NO. **3037** Registrar's No. **420**

1. PLACE OF DEATH a. COUNTY <b>Linn</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Linn</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marceline</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marceline</b>	
c. LENGTH OF STAY (in this place) <b>57yrs.</b>		<b>0587</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>None</b>		d. STREET ADDRESS (If rural, give location) <b>228 E. Chicago</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Norman</b>	b. (Middle) <b>Henry</b>	c. (Last) <b>Julian</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>April 12, 1951</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug. 12, 1885</b>	9. AGE (In years) last birthday <b>65</b>	IF UNDER 1 YEAR Months <b>8</b> Days <b>0</b>	IF UNDER 2 HRS. Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Timekeeper</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Santa Fe R.R.</b>	11. BIRTHPLACE (State or foreign country) <b>Laplata, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
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13a. FATHER'S NAME <b>James A. Julian</b>	13b. MOTHER'S MAIDEN NAME <b>Mary E. Cole</b>	14. NAME OF HUSBAND OR WIFE <b>Dora Julian</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY (If reg. give war or dates of service) <b>709-16-6079</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Dora Julian</b>	ADDRESS <b>Marceline, Mo.</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Heart Dis.</b> DUE TO (c) <b>Coronary atherosclerosis</b>		
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? <b>4200</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Mo** to **4-12, 1951**, that I last saw the deceased alive on **4-12, 1951**, and that death occurred at **5:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Robert W. Smith, M.D.</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>121 N. Kansas Ave., Marceline, Mo.</b>	23c. DATE SIGNED <b>4/13/51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4/14/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet</b>	24d. LOCATION (City, town, or county) (State) <b>Marceline, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>April 13, 51</b>	REGISTRAR'S SIGNATURE <b>Mary Jane Oliver</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. Randolph</b>	ADDRESS <b>Marceline, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

581

APR 25 1951

Date Received: APR 19 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 4-51-76  
Date Filed: APR 19 1951

OCT 15 1952

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 George W. Davolt

Licensed Embalmer No. 4799

P. O. Address Marion, 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.