

FILED MAY 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19241

BIRTH NO. _____ REG. DIST. NO. 362 PRIMARY REG. DIST. NO. 4531 Registrar's No. 29

1090
4

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

1. PLACE OF DEATH a. COUNTY Warren		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give town) Warrenton		c. LENGTH OF STAY (in this place) 5 wks.	c. CITY (If outside corporate limits, write RURAL and give township) Union 0361
d. FULL NAME OF HOSPITAL OR INSTITUTION Katie Jane Memorial Home		d. STREET ADDRESS (If rural, give location) 1	

3. NAME OF DECEASED (Type or Print) a. (First) Henry		b. (Middle)		c. (Last) Julius		4. DATE OF DEATH (Month) (Day) (Year) April 17, 1951	
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH June 22, 1862	9. AGE (in years last birthday) 88	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unknown	10b. KIND OF BUSINESS OR INDUSTRY unknown	11. BIRTHPLACE (State or foreign country) Jefferiesburg, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Julius	13b. MOTHER'S MAIDEN NAME Catherine Reitz	14. NAME OF HUSBAND OR WIFE decd.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown	16. SOCIAL SECURITY NO. unknown	17. INFORMANT'S SIGNATURE OR NAME Frank Julius	ADDRESS Union, Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Liver		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Obstruction of common bile duct		
	DUE TO (c) Benign hypertensive arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis Heart Disease			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 155x	20. AUTOPSY? 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 **March 18, 1951** p. to **April 17, 1951**, that I last saw the deceased alive on **April 17, 1951**, and that death occurred at **11:35** m., from the causes and on the date stated above.

23a. SIGNATURE Donald J. Hildebrand	(Degree or title)	23b. ADDRESS Warrenton Mo	23c. DATE SIGNED 4-20-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-19-51	24c. NAME OF CEMETERY OR CREMATORY Immaculate Conception	24d. LOCATION (City, town, or county) (State) Union, Mo.
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DATE REC'D BY LOCAL REG. 4-20-51	REGISTRAR'S SIGNATURE Lloyd Logan	25. FUNERAL DIRECTOR'S SIGNATURE Oltmann Service	ADDRESS Union, Mo.
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File No. _____
DISTRICT HEALTH OFFICE No. 4

MAY 16 1951

RECEIVED

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 John Hieburg _____

Licensed Embalmer No. 3897

P. O. Address Warrenton, 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.