

31239

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 11 1954

State File No.

BIRTH NO.		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>299</u>		
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		c. LENGTH OF STAY (In this place) <u>2 hrs.</u>		c. CITY OR TOWN <u>Palmyra</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Levering Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>0640</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Julia</u> b. (Middle) <u>Julius</u> c. (Last) <u>Julius</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 1st 1954</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>3/8/1879</u>		
9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>West Ely Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Charles McClary</u>			13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE <u>Joe Julius</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>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Joe Julius</u> ADDRESS <u>Palmyra Mo.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs.</u>	
<p>* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary hemorrhage</u>						
		ANTECEDENT CAUSES						
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Unknown -</u> DUE TO (c)						
		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 <u>78-31</u>					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)				
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>10 Sept</u> , 19 <u>54</u> , to <u>1st Sept</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>1st Sept</u> , 19 <u>54</u> , and that death occurred at <u>11 P</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Walter Hamlin M.D.</u> (Degree or title)				23b. ADDRESS <u>Palmyra Mo.</u>		23c. DATE SIGNED <u>27 Sept 1954</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 7 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Palmyra Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Palmyra Mo.</u>		
DATE REC'D BY LOCAL REG. <u>10/4/54</u>		REGISTRAR'S SIGNATURE <u>W B M Lucke By H C Fisher, E. J. Springer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Palmyra Mo.</u> ADDRESS				

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

OCT 8 1954

RECEIVED

ARIZONA CO. HEALTH DEPT.

DATE FILED OCT 8 1954

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.....
Signature of Student Embalmer

Signed *E. J. Sprague*.....
Licensed Embalmer No. 3245.....

P. O. Address Palmyra, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.