

FILED MAR 27 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12167

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 369 PRIMARY REG. DIST. NO. 4539 Registrar's No. 1

|  |                           |  |  |   |   |   |  |                                  |
|--|---------------------------|--|--|---|---|---|--|----------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Wayne</u>  |                           |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Mo</u> b. COUNTY <u>Wayne</u> |   |   |  |                                  |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Williamsville</u>  |                           | c. LENGTH OF STAY (in this place)  |  | c. CITY OR TOWN <u>Williamsville</u>  |   | d. 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>Home</u>  |                           |  |  | STREET ADDRESS (If rural, give location) <u>1160</u>  |   |   |  |                                  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>George</u> b. (Middle) <u>X</u> c. (Last) <u>Julian</u>  |                           |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 22 1956</u>             |   |   |   |  |                                  |
| 5. SEX <u>M</u>  | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>                                  |  | 8. DATE OF BIRTH <u>Oct 19 1871</u>   |   | 9. AGE (In years last birthday) <u>84</u> IF UNDER 1 YEAR Months <u>4</u> Days <u>3</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u> |  |                                  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sawmill Operator</u>  |                           | 10b. KIND OF BUSINESS OR INDUSTRY <u>Lumber</u>  |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>Wayne County Mo</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>Lucy Wilcox</u>                         |   | 14. NAME OF HUSBAND OR WIFE <u>May Webb 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>5</u>   |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. May Julian</u> ADDRESS <u>Williamsville Mo</u>  |   |   |  |                                  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, 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) <u>Tumor of Cecum</u>   |                           |  |  | DUPLICATE   |   |   |  | Interval <u>6 mo</u>             |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Probably Malignant</u>  |                           |  |  | DUE TO (c)  |   |   |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |                           |  |  |   |   |   |  |                                  |
| 19a. DATE OF OPERATION   |                           | 19b. MAJOR FINDINGS OF OPERATION   |  | 153X  |   | 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) 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>Aug</u> , 19 <u>55</u> , to <u>22 Feb</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>17 Jan</u> , 19 <u>56</u> , and that death occurred at _____ m., from the causes and on the date stated above. |                           |  |  |   |   |   |  |                                  |
| 23a. SIGNATURE (Degree or title) <u>Dr. Brooks Keason MD</u>   |                           |  |  | 23b. ADDRESS <u>321 Oak Poplar Bluffs Mo</u>  |   | 23c. DATE SIGNED <u>2 Mar 56</u>  |  |                                  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  |                           | 24b. DATE <u>2/25/56</u>   | 24c. NAME OF CEMETERY OR CREMATORY <u>Holiday Cem. Williamsville</u> |   | 24d. LOCATION (City, town, or county) (State) <u>Mo</u> |   |  |                                  |
| DATE REC'D BY LOCAL REG. <u>3/9/56</u>   |                           | REGISTRAR'S SIGNATURE <u>W. J. Ward</u>  |  | GENERAL DIRECTOR'S SIGNATURE <u>William G. Baker</u>  |   | ADDRESS <u>Piedmont, Mo</u>   |  |                                  |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

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 Codex Funeral Home, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... William Coe

Licensed Embalmer No. 3

P. O. Address Piedm

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.