

Health, Welfare, Public Service

FILED MAR 10 1958

STANDARD CERTIFICATE OF DEATH

58-005635 STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1005 Registrar's No. 825

1. PLACE OF DEATH: Jackson, Missouri; 2. USUAL RESIDENCE: Kansas City, Missouri; 3. NAME OF DECEASED: Jack Selvidge Julian; 4. DATE OF DEATH: 2-15-1958; 5. SEX: Male; 6. COLOR OR RACE: White; 7. MARRIED: NEVER MARRIED; 8. DATE OF BIRTH: 1-3-1876; 9. AGE: 82; 10a. USUAL OCCUPATION: Retired; 10b. KIND OF BUSINESS OR INDUSTRY: Police Officer; 11. BIRTHPLACE: Cortney Missouri; 12. CITIZEN OF WHAT COUNTRY: U.S.A.; 13a. FATHER'S NAME: William Julian; 13b. MOTHER'S MAIDEN NAME: No Record; 14. NAME OF HUSBAND OR WIFE: Velva Wave Spencer; 15. WAS DECEASED EVER IN U.S. ARMED FORCES?: no; 16. SOCIAL SECURITY NO.: 499-14-1319; 17. INFORMANT: Mrs. Jack S. Julian; 18. CAUSE OF DEATH: acute Myocardial failure; 19. WAS AUTOPSY PERFORMED?: 2; 20a. ACCIDENT SUICIDE HOMICIDE: none; 20b. DESCRIBE HOW INJURY OCCURRED: none; 20c. TIME OF INJURY: none; 20d. INJURY OCCURRED WHILE AT WORK: none; 20e. PLACE OF INJURY: none; 20f. CITY, TOWN, OR LOCATION: Kansas City, Missouri; 21. I attended the deceased from Jan 30 '58 to Feb 15 '58; 22a. SIGNATURE: Glenda Broyles; 22b. ADDRESS: 1232 Professional Bldg; 22c. DATE SIGNED: 2-15-'58; 23a. BURIAL, CREMATION, REMOVAL (Specify): Burial; 23b. DATE: 2-18-1958; 23c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery; 23d. LOCATION (City, town, or county) (State): Kansas City Missouri; 24. FUNERAL DIRECTOR: Sheil Funeral Home Kansas City, Mo.; 25. DATE RECD. BY LOCAL REG.: 2-15-58; 26. REGISTRAR'S SIGNATURE: neva minshall

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Glen H. Broyles

All diseases in Part I must be causally related.

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 *Arnold P. Reich*

Licensed Embalmer No. *4998*
P. O. Address *Kansas City*

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.