Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-005248
STATE FILE NUMBER

FILED MAR 16 1959

Registration District No. 128 Primary Registration District No. — Registrar's No. 231

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) N. Campbell township — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Sunshine Acres — Length of stay in Hospital yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Greene
c. CITY OR TOWN N. Campbell township — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Sunshine Acres — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Hattie Middle: G. Last: Julian

4. DATE OF DEATH Month: March Day: 4 Year: 1959

5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH April 23, 1866
9. AGE (In years last birthday) 92 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and state or country) Seymour, Missouri
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Stephen A. Julian
13b. MOTHER'S MAIDEN NAME Paralee ———
14. NAME OF HUSBAND OR WIFE ———

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT John W. Butts-Son-Springfield, Mo. Address

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardio-Renal Disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 442.2
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1957, to Mar 4, 1959 and last saw her alive on Mar 4, 1959
Death occurred at 9:15 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Lyman A. Brown M.D. (Degree or title)
22b. ADDRESS 311½ Colley-Sp'fld-Mo
22c. DATE SIGNED 3/6/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 3-6-1959
23c. NAME OF CEMETERY OR CREMATORY Hazelwood Cemetery
23d. LOCATION (City, town, or county) (State) Springfield, Missouri

24. FUNERAL DIRECTOR Rex Rainey — ADDRESS Springfield, Missouri
25. DATE RECD. BY LOCAL REG. 3-12-59
26. REGISTRAR'S SIGNATURE Effie B. Melton

(Licensed Embalmer's Statement on Reverse Side)

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 .....

Licensed Embalmer No. 3312

P. O. Address .....

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.