URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 24 1960

-60-031096

STATE FILE NUMBER

Registration District No. 160 Primary Registration District No. 5592 Registrar's No. 104

1. PLACE OF DEATH
a. COUNTY Jefferson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joachim Twp.
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 620 Curve St., Herculaneum
Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jefferson
c. CITY OR TOWN Herculaneum
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 620 Curve St.
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First James Middle Joseph Last Juliett
4. DATE OF DEATH Month Aug. Day 17 Year 1960
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Sept. 12, 1870
9. AGE (last birthday) 89
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Leadworker (Ret)
10b. KIND OF BUSINESS OR INDUSTRY Lead Smelting
11. BIRTHPLACE (City and state or country) Old Mines, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME James J. Juliett
13b. MOTHER'S MAIDEN NAME Martha Coleman
14. NAME OF HUSBAND OR WIFE Anna Coleman
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. 493-07-5480
17. INFORMANT Address Mrs. Anna C. Juliett, Herculaneum, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Congestive cardial failure	1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Certeriosclerotic heart disease	10 yrs
DUE TO (c)	Myocarditis	10 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 3/16/50, to 8/17/60 and last saw ~~her~~ him alive on 8/17/60
Death occurred at 12/60 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [illegible] (Degree or title) MD
22b. ADDRESS Herculaneum Mo
22c. DATE SIGNED 8/19/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Aug 20, 1960
23c. NAME OF CEMETERY OR CREMATORY Catholic
23d. LOCATION (City, town, or county) (State) Herculaneum, Mo.

24. FUNERAL DIRECTOR ADDRESS Vinyard Fun'l Homes, Inc., Festus, Mo.
25. DATE RECD. BY LOCAL REG. 8/20/60
26. REGISTRAR'S SIGNATURE John N. Stoll Deputy

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Donald H. Vinyard

Signature of Student Embalmer

Licensed Embalmer No. H608

P. O. Address Hastings,

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