

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39926

State File No. ....

FILED JAN 11 1949

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 2023 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Henry</u>			2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u>		1				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>205 G<sup>th</sup> Elm St 1</u>			d. STREET ADDRESS (If rural, give location) <u>205 E Elm St 0</u>						
3. NAME OF DECEASED (Type or Print) <u>James</u>		a. (First)	b. (Middle) <u>F</u>	c. (Last) <u>Julian</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12 31 48</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>8-15-1873</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HR. Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (State or foreign country) <u>Benton Co Mo 09.01</u>		12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>M. F. J. Julian</u>			13b. MOTHER'S MAIDEN NAME <u>Rebecca Judd</u>		14. NAME OF DECEASED'S WIFE <u>Pella Julian</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Patsy Sartorius</u>				ADDRESS <u>Clinton Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>95C</u>			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Branchial pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u>		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) _____ DUE TO (c) _____						
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Congestive heart failure</u>							Indefinite		
19a. DATE OF OPERATION <u>—</u>		19b. MAJOR FINDINGS OF OPERATION <u>—</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Clinton, MO</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u>—</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>—</u>					
22. I hereby certify that I attended the deceased from <u>Dec. 28, 1948</u> , to <u>Dec. 31, 1948</u> , that I last saw the deceased alive on <u>Dec. 28, 1948</u> , and that death occurred at <u>6:30 pm.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Hugh B. Walker, MD</u>				23b. ADDRESS <u>Clinton, Mo.</u>		23c. DATE SIGNED <u>3 Jan. 1949</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-2-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Englewood cem</u>		24d. LOCATION (City, town, or county) (State) <u>Clinton Mo</u>				
DATE REC'D BY LOCAL REG. <u>1-2-49</u>		REGISTRAR'S SIGNATURE <u>R. R. Kenney</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sickman &amp; Dunning</u>		ADDRESS <u>Clinton Mo</u>			

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

RECEIVED

District Health Officer No. 7

District File Number 12-48-1555

Date Filed 1-10-49

JAN 18 1949

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 \_\_\_\_\_

*Robert L. Dunning* Student Embalmer No. 3682,  
working under my personal supervision.

Student *Robert L. Dunning*  
Student Embalmer

Signed *J. R. Haisey*  
Licensed Embalmer No. 3682  
P. O. Address *Calhoun 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 this body is not embalmed, fact should be so stated above.