

FILED AUG 29 1950 STANDARD CERTIFICATE OF DEATH

State File No. 26676
43

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 43

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| 1. PLACE OF DEATH a. COUNTY <u>Henry</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Henry</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton</u> | |
| c. LENGTH OF STAY (in this place) <u>2 Mo. 7 Days</u> | | d. STREET ADDRESS (If rural, give location) <u>West Side Square</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wetzels Hospital</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIS ALFRED</u> b. (Middle) <u>JULIAN</u> c. (Last) <u>JULIAN</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 21, 1950</u> | | |
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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u> | 8. DATE OF BIRTH <u>Dec. 10, 1880</u> | 9. AGE (In years last birthday) <u>69</u> | 10. UNDER 1 YEAR Months <u>8</u> Days <u>15</u> | 11. UNDER 1 HRS. Hours <u>0</u> Min. <u>15</u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) <u>Benton Co. Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | |
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| 13a. FATHER'S NAME <u>John H. Julian</u> | | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Estell</u> | | 14. NAME OF HUSBAND OR WIFE _____ | | | |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Specify, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Alfred Julian</u> ADDRESS <u>Clinton, Mo.</u> | | | |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Carcinoma of Brain</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>154X</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Rectum</u> | | |
| | DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
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| 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) | |
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|--|--|--|--|----------------------------------|--|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____ | | 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 June 19, 1950, to August 1, 1950, that I last saw the deceased alive on Aug. 21, 1950, and that death occurred at 9:15 A. M., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>W. S. Wetzels</u> (Degree or title) <u>DO</u> | | 23b. ADDRESS <u>105 E Ohio, Clinton Mo.</u> | | 23c. DATE SIGNED _____ | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Aug. 23, 50</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Englewood Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Clinton, Mo.</u> | |
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| DATE REC'D BY LOCAL REG. <u>Aug-23-50</u> | | REGISTRAR'S SIGNATURE <u>Florence Adams</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. A. Sansant</u> ADDRESS <u>Clinton Mo.</u> | |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 8/28/50
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 8/28/50

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 _____
Student Embalmer

Signed *W. A. Vansant*

Licensed Embalmer No. *3779*

P. O. Address *Clinton, 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.