

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009125
STATE FILE NUMBER

FILED APR 7 1959 Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 80

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, give TOWNSHIP only) OR TOWN <u>CLINTON</u>		c. CITY OR TOWN <u>CLINTON</u> 0422 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>GENERAL HOSP</u>		d. STREET ADDRESS (If outside, give location) <u>314 E. LINCOLN</u>	
Length of stay in lb <u>1 DAY</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last <u>MARY W. JULIAN</u>			4. DATE OF DEATH Month Day Year <u>4-2-59</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	8. DATE OF BIRTH <u>MAY 22, 1922</u>	9. AGE (In years last birthday) <u>36</u>
MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	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) <u>Housewife</u>		11. BIRTHPLACE (City and state or country) <u>MARTIN CITY, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10b. KIND OF BUSINESS OR INDUSTRY		13. NAME OF HUSBAND OR WIFE <u>Joseph W. Julian</u>	
13a. FATHER'S NAME <u>Joel Reece</u>		13b. MOTHER'S MAIDEN NAME <u>Theresa Binns</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>494-167650</u>	
17. INFORMANT <u>Joseph W. Julian</u>		Address <u>314 E. Lincoln Clinton, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cancer of Uterus</u> DUE TO (b) <u>Lymphosarcoma, retroperitoneal, c</u> DUE TO (c) <u>Generalized metastasis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>6 mo.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		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.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>Nov. 1958</u> to <u>4-2-59</u> and last saw her alive on <u>4-2-59</u> Death occurred at <u>7:00 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>A. T. McHenry, M.D.</u> (Degree or title)		22b. ADDRESS <u>106 S. 3rd, Clinton, Mo.</u>	
22c. DATE SIGNED <u>4-3-59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	
<u>BURIAL</u>		<u>APR. 4, 59</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Urich Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Urich, Mo.</u>	
24. FUNERAL DIRECTOR <u>H. A. Vansant, Clinton, Mo.</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>4-3-59</u>	
26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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1-57

APR 8 1959

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 *H. J. Vansant*

Licensed Embalmer No. 3779
P. O. Address... *Clinton, W.*

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.