

U.S. DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-019160

FILED VS MAY 31 1960 / 37

Registration District No. _____ Primary Registration District No. 3523 Registrar's No. 150

STATE FILE NUMBER

INDEXED

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) <u>Clinton</u>		Length of Time in 1b <u>60 yrs.</u> ****		c. CITY OR TOWN <u>Clinton</u>		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>Clinton General Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>228 N. Water St.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First <u>George</u> Middle <u>W.</u> Last <u>Julian</u>				4. DATE OF DEATH Month <u>May</u> Day <u>24</u> Year <u>1960</u>							
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH <u>Jan. 9, 1893</u>		9. AGE (last birthday) <u>67</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>15</u> Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Benton Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>				
13a. FATHER'S NAME <u>George M. Julian</u>			13b. MOTHER'S MAIDEN NAME <u>Annie L. Hollis</u>			14. NAME OF HUSBAND OR WIFE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes Mexican Border</u>				16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT <u>Johnnie L. Julian 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>Congestive heart failure</u>								INTERVAL BETWEEN ONSET AND DEATH <u>2 months</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								DUE TO (b) <u>Chronic myocarditis</u>			
DUE TO (c)								<u>6 months</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>None</u>								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 <u> </u> a.m. <u> </u> p.m.		Month, Day, Year									
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>4/27/60</u> to <u>5/24/60</u> and last saw ^{her} him alive on <u>4/27/60</u> Death occurred at <u>4:35 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) <u>S-B. Hughes, M.D.</u>						22b. ADDRESS <u>Clinton, Mo.</u>			22c. DATE SIGNED <u>5/24/60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>May 25, 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Englewood Cemetery</u>			23d. LOCATION (City, town, or county) (State) <u>Clinton, Missouri</u>				
24. FUNERAL DIRECTOR <u>J.A. Tansant, Clinton, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>May 24, 1960</u>		26. REGISTRAR'S SIGNATURE <u>Wildred Bigum</u>					

DOCUMENT

MEDICAL CERTIFICATION

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 _____
Signature of Student Embalmer

Signed N.A. Vassant

Licensed Embalmer No. 3779

P. O. Address Clinton

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.