

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1491

STATE FILE NUMBER

287

FILED FEB 4 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 287

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Pettis</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City Mo</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Sedalia - Mo</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St Lukes Hosp.</i> Length of stay in lb <i>4 weeks</i>		d. STREET ADDRESS <i>815 So Ohio</i> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>Velda</i> Middle <i>V.</i> Last <i>Jullis</i>			4. DATE OF DEATH Month <i>Jan.</i> Day <i>20</i> Year <i>1957</i>
5. SEX <i>M</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Feb 24 1876</i>
9. AGE (In years last birthday) <i>80</i>		10. KIND OF BUSINESS OR INDUSTRY <i>Dairy</i>	11. BIRTHPLACE (City and state or country) <i>Rushville, Ill.</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Executive</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>John H. Jullis</i>		14. MOTHER'S MAIDEN NAME <i>Maria Hills</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>491-82-1755</i>	17. INFORMANT <i>Ann Ward</i> Address <i>Sedalia Mo</i>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>arteriosclerotic heart disease with acute myocardial infarction</i> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <i>5 Weeks</i> <i>4:00</i>
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 _____ Month _____ Day _____ Year _____ 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 <i>Dec 23 1956</i> to <i>January 20 57</i> and last saw him <i>him</i> alive on <i>Jan 20 57</i> Death occurred at <i>7:10</i> <i>A</i> m on the date stated above; and to the best of my knowledge from the causes stated.			
22a. SIGNATURE <i>M. G. Berry</i> (Degree or title) <i>M.D.</i>		22b. ADDRESS <i>315 Nichols Rd Kansas City 12 Mo</i>	22c. DATE SIGNED <i>Jan 20 57</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Jan 22 1957</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Crown Hill</i>	23d. LOCATION (City, town, or county) (State) <i>Sedalia Missouri</i>
24. FUNERAL DIRECTOR <i>W. Keckart</i> ADDRESS <i>Sedalia Mo</i>		25. DATE RECD. BY LOCAL REG. <i>1-20-57</i>	26. REGISTRAR'S SIGNATURE <i>neva minshall</i>

(Licensed Embalmer's Statement on Reverse Side)

with, welfare, public, service

00-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms which are not diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

REC 19 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em
by me, or by Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed *W. Heekart*

Licensed Embalmer No. *34*

P. O. Address *Sealdah*

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