

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25222

State File No. ....

FILED AUG 11 1952

BIRTH NO. _____		REG. DIST. NO. <u>251</u>		PRIMARY REG. DIST. NO. <u>5858</u>		Registrar's No. <u>179</u>				
1. PLACE OF DEATH a. COUNTY <u>Nodaway 0749</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway 0742</u>						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Hughes Twp.</u>		c. LENGTH OF STAY (in this place) <u>3 hrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maryville 0</u>						
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 miles se. Graham</u>				d. STREET ADDRESS (If rural, give location) <u>618 South Buchanan</u>						
3. NAME OF DECEASED (Type or Print) a. (First) <u>BERTRAM</u> b. (Middle) <u>D.</u> c. (Last) <u>NULL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7 31 52</u>							
5. SEX <u>Male 0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>11/29/76</u>		9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS Hours	IF UNDER 24 HRS Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant - retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery</u>		11. BIRTHPLACE (State or foreign country) <u>House Springs, Mo. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13a. FATHER'S NAME <u>William Henry Null</u>			13b. MOTHER'S MAIDEN NAME <u>Helen A Paxson</u>		14. NAME OF HUSBAND OR WIFE <u>Agatha Bantz Null, dec.</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Will Null, Maryville, Missouri</u>				ADDRESS		
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Attacks of epilepsy</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u> <u>6 yr</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>334X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>				
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)						
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 <u>March 2, 1951</u> to <u>July 31, 1952</u> , that I last saw the deceased alive on <u>July 9, 1952</u> , and that death occurred at <u>4 P. m.</u> , from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) <u>Dr. Blacmer M. D. 0</u>				23b. ADDRESS <u>Maryville, Missouri</u>		23c. DATE SIGNED <u>8-3-52</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial 0</u>		24b. DATE <u>8/2/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Miriam</u>		24d. LOCATION (City, town, or county) (State) <u>Maryville, Missouri</u>					
DATE REC'D BY LOCAL REG. <u>8-9-52</u>		REGISTRAR'S SIGNATURE <u>Bess Holt 229</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Price Funeral Home, Maryville, Mo.</u>					ADDRESS	

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

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. 461

working under my personal supervision.

Student Curtis C. Haxley  
Student Embalmer

Signed John W. Price  
Licensed Embalmer No. 4281

P. O. Address Maryville 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.