

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19969

STATE HEALTH NUMBER

FILED JUL 3 1957

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 147

300
-57
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1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		c. CITY OR TOWN Mexico	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain Hospital		d. STREET ADDRESS (If outside, give location) 403 S. Clark	
3. NAME OF DECEASED (Type or print) Prince Jewell Null		4. DATE OF DEATH June 25, 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 9, 1882
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operator GMO		10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and state or country) Troy, Missouri
13a. FATHER'S NAME Charles M. Null		13b. MOTHER'S MAIDEN NAME Isabelle Cropper	14. NAME OF HUSBAND OR WIFE Edna Null
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. 709-12-2900	17. INFORMANT Address Mrs. Edna Null Mexico, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Hypertension DUE TO (c) Smoking			INTERVAL BETWEEN ONSET AND DEATH 1/2 hr. 10 1/2 hrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201			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 1950 to July 25 - 57 and last saw him alive on July 25 - 1957 . Death occurred at Audrain Hospital on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE A. Garrell D.O.		22b. ADDRESS Mexico, Mo.	22c. DATE SIGNED 6/26-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/28/57	23c. NAME OF CEMETERY OR CREMATORY Elmwood	23d. LOCATION (City, town, or county) (State) Mexico, Mo.
24. FUNERAL DIRECTOR Arnold Funeral Home		25. DATE RECD. BY LOCAL REG. June 26 1957	26. REGISTRAR'S SIGNATURE Blanche Neely

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

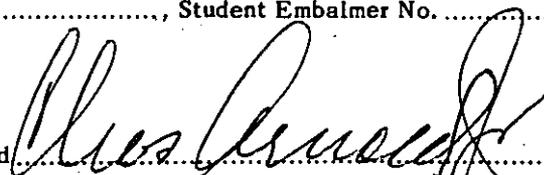
All diseases in Part I must be causally related.

OCT 14 1957
JUL 11 1957

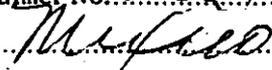
STATEMENT BY LICENSED EMBALMER

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 

Licensed Embalmer No. 5569

P. O. Address 

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.