

FILED JUL 10 1957

STANDARD CERTIFICATE OF DEATH

20494

STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 235

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Jefferson City</u>		c. CITY OR TOWN <u>Dixon, Mo.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>		d. STREET ADDRESS _____ (If outside, give location)	
3. NAME OF DECEASED (Type or print) First <u>Mickiel</u> Middle <u>Austin</u> Last <u>Null</u>		4. DATE OF DEATH Month <u>July</u> Day <u>6</u> Year <u>1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug. 16, 1879</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own</u>	11. BIRTHPLACE (City and state or country) <u>Miller Co., Mo.</u>
13a. FATHER'S NAME <u>Charles F. Null</u>		13b. MOTHER'S MAIDEN NAME <u>Mary E. Baker</u>	14. NAME OF HUSBAND OR WIFE <u>Idea Null</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>None</u>	17. INFORMANT Address <u>Mrs. Idea Null Dixon, 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>Fibrinous Purulent Peritonitis, localized</u> DUE TO (b) <u>Uterine sigmoidostomy, left Perforated</u> DUE TO (c) <u>Epithelial Carcinoma, urinary bladder, marked with obstruction</u>			INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u> <u>7 days</u> <u>3 mos.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hydronephroses, Hydronephroses due to obstruction</u>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) <u>181X</u>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT <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>6-3-1957</u> to <u>7-6-1957</u> and last saw <sup>her</sup> him alive on <u>7-6-57</u> Death occurred at <u>7:00 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Kendall C. Clark, M.D.</u>		22b. ADDRESS <u>Jefferson City, Mo</u>	
22c. DATE SIGNED <u>7-8-57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>July 8, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Scheon Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Maries Co., Mo.</u>
24. FUNERAL DIRECTOR'S ADDRESS <u>Victor Buscher Jr Mo</u>		25. DATE RECD. BY LOCAL REG. <u>8 July 1957</u>	26. REGISTRAR'S SIGNATURE <u>R.P. Darrin, MD MR.</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related. No symptoms will be listed.

Clark

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 *Victor Buescher*

Licensed Embalmer No. 3701  
P. O. Address *JC 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.