

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-010082

STATE FILE NUMBER

AMENDED

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 60

FILED VS MAR 16 1961

1. PLACE OF DEATH
 a. COUNTY **Phelps**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Rolla** Length of stay in lb **2 Weeks**
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Memorial Hospital** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Missouri** b. COUNTY **Phelps**
 c. CITY OR TOWN **Rolla** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **306 West 6th** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First. **ALONZO** Middle **LEE** Last **NULL** 4. DATE OF DEATH Month **March** Day **4** Year **1961**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **5-27-96** 9. AGE (last birthday) **64**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Carpenter** 10b. KIND OF BUSINESS OR INDUSTRY **Home Building** 11. BIRTHPLACE (City and state or country) **Lecoma, Missouri** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Samuel A. Null** 13b. MOTHER'S MAIDEN NAME **Eliza J. Green** 14. NAME OF HUSBAND OR WIFE **Gertrude (Divorced)**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. **XX** 17. INFORMANT Address **Rolla, Mo. S. C. Null, 802 East 12th St.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Acute yellow atrophy atrophy liver** INTERVAL BETWEEN ONSET AND DEATH **1 wk**
 DUE TO (b) **Cholecystitis, Cholangitis, Hepatitis** **1 wk**
 DUE TO (c) **cholelithiasis & Ob. of Common bile duct** **2 wks**
 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) **Had cholecystectomy**
 PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 **2-28-61** to **3-4-61** and last saw her/him alive on **3-4-61**
 Death occurred at **4:30PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **J. J. Studer M.D.** 22b. ADDRESS **Rolla Mo** 22c. DATE SIGNED **3-6-61**

23a. BURIAL, CREMATION REMOVAL (Specify) **Burial** 23b. DATE **3-7-61** 23c. NAME OF CEMETERY OR CREMATORY **Anutt Cemetery** 23d. LOCATION (City, town, or county) (State) **Anutt, Missouri**

24. FUNERAL DIRECTOR ADDRESS **Null & Son Funeral Home...Rolla** 25. DATE RECD. BY LOCAL REG. **Mar. 6, 1961** 26. REGISTRAR'S SIGNATURE **Nadine L Stoll**
 By **Paul E. Null**

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 17 1961

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 Paul E. Gull

Licensed Embalmer No. 4498

P. O. Address Rolla, 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.