

BIRTH NO.		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>5461</u>		Registrar's No. <u>73-D</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>			
b. CITY OR TOWN <u>Rogersville</u> <small>(If outside corporate limits, write RURAL and give township)</small>		c. LENGTH OF STAY (in this place) <u>1 week</u>		c. CITY OR TOWN <u>Rogersville</u> <small>(If outside corporate limits, write RURAL and give township)</small>		d. STREET ADDRESS (If rural, give location) <u>Rt. 1, Rogersville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt. 1, Rogersville</u>				0390			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Dr. WILLIAM</u>		b. (Middle) <u>HAGGERDY</u>		c. (Last) <u>NICHOLAS(M.D.)</u>	
4. DATE OF DEATH		(Month) <u>Jan.</u>		(Day) <u>24</u>		(Year) <u>1952</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>6 Dec. 1859</u>	
9. AGE (In years last birthday) <u>92</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Physician</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Medical Doctor</u>		11. BIRTHPLACE (State or foreign country) <u>Lawrence County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Rufus Nicolson</u>		13b. MOTHER'S MAIDEN NAME <u>Loduska Gunn</u>		14. NAME OF HUSBAND OR WIFE <u>Orlena Nicholsas</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		(If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>R, L, Pyeatt, Rt. 1, Rogersville, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic miocarditis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>about 3mo</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Infirmities of old age</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4 2 2 2</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <u>X</u> (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) (Minute)		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>11-27, 1951</u> , to <u>Jan 24th, 1952</u> , that I last saw the deceased alive on <u>11-27, 1951</u> , and that death occurred at <u>6:00 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>@ E Feller MD</u> (Degree or title)				23b. ADDRESS <u>609 Cherry Springfield</u>		23c. DATE SIGNED <u>1-24-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>26 Jan 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Brighton Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Brighton, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>1-26-52</u>		REGISTRAR'S SIGNATURE <u>James A. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul C. ...</u> ADDRESS <u>Springfield, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

390

1/26/52

10-1-1918

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed.....
Paul C. Thorne

Licensed Embalmer No. 2899

P. O. Address Springfield, Missouri

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.