

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3739**

FILED JAN 26 1954

BIRTH NO. _____		REG. DIST. NO. <b>360</b>		PRIMARY REG. DIST. NO. <b>3076</b>		Registrar's No. <b>15</b>	
1. PLACE OF DEATH a. COUNTY <b>Vernon</b> <i>1082</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Bates</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Nevada</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Butler</b> <i>0071</i>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>322 N. Cedar</b>				d. STREET ADDRESS (If rural, give location) <b>/</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Nellie</b> b. (Middle) <b>Wagoner</b> c. (Last) <b>Hamilton</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>January 19 1954</b>				
5. SEX <b>Fm / Wh</b>		6. COLOR OR RACE <b>Wh</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>9</b>		8. DATE OF BIRTH <b>January 16 1873</b>	
9. AGE (In years last birthday) <b>80</b>		IF UNDER 1 YEAR Months Days		IF UNDER 4 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>		11. BIRTHPLACE (State or foreign country) <b>Chauncey, Illinois /</b>		12. COUNTRY OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Philip Wagoner</b>			13b. MOTHER'S MAIDEN NAME <b>Melissa Harris</b>		14. NAME OF HUSBAND OR WIFE <b>William Hamilton</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>James Hamilton Ellery, Ill.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>None</b>							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>							
*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) <b>Hypertension</b>							
DUE TO (c) <b>None</b>							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>							
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION <b>331X</b>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>None</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Nevada, Vernon, Mo</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <b>None</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>No injury</b>			
22. I hereby certify that I attended the deceased from <b>Jan 15, 1954</b> , to <b>Jan 19, 1954</b> , that I last saw the deceased alive on <b>Jan 15, 1954</b> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>W. Love</b>				23b. ADDRESS <b>Nevada, Mo</b>		23c. DATE SIGNED <b>1/19/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Jan. 19 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Wagoner Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Lawrence Co. Illinois</b>	
DATE REC'D BY LOCAL REG. <b>1-22-1954</b>		REGISTRAR'S SIGNATURE <b>Anna E. Ferry</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Ferry Funeral Home Nevada, Mo.</b>			

**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. 492

working under my personal supervision.

Student A. Angles Ferry  
Student Embalmer

Signed A. B. Ferry

Licensed Embalmer No. \_\_\_\_\_

P. O. Address 1760

**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.