

FILED MAR 8 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7054**

BIRTH NO.		REG. DIST. NO. <b>358</b>		PRIMARY REG. DIST. NO. <b>4523</b>		Registrar's No. <b>5</b>			
1. PLACE OF DEATH a. COUNTY <b>Vernon</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Vernon</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Schell City</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Schell City</b>		1080			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <b>0</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b>		b. (Middle) <b>Nelson</b>		c. (Last) <b>HOAGLAND</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March 3 1955</b>			
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>Oct. 16. 1867</b>			
9. AGE (In years last birthday) <b>87 yrs.</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>wagon maker, blacksmith</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Ohio</b>			
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		13a. FATHER'S NAME <b>George Hoagland</b>		13b. MOTHER'S MAIDEN NAME <b>Sophia</b>		14. NAME OF HUSBAND OR WIFE <b>Julia E. Hoagland</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. W. Betty Schell</b> ADDRESS <b>Schell City, Mo.</b>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Nephritis</b> and <b>Uremia</b> 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. <b>Heart-Mitral Regurgitation</b>				INTERVAL BETWEEN ONSET AND DEATH <b>6 mo.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>592x</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (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) m.		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 <b>Feb 1</b> , 1955, to <b>Mar. 1</b> , 1955, that I last saw the deceased alive on <b>Mar. 1</b> , 1955, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <b>Dr. Gray M.D.</b> (Degree or title)				23b. ADDRESS <b>Schell City, Mo.</b>		23c. DATE SIGNED <b>Mar. 4-55</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>March 5, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Green Lawn Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Schell City, Vernon Co. Mo.</b>			
DATE REC'D BY LOCAL REG. <b>March 4-55</b>		REGISTRAR'S SIGNATURE <b>Bliss B. Daily</b> <b>463</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Lewis + Son</b> ADDRESS <b>Schell City, Mo.</b>					

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

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 *John G. Lewis*

Licensed Embalmer No. *4774*

P. O. Address *Schell City*

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.