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

FILED MAR 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7534**

BIRTH NO. _____		REG. DIST. NO. <u>55</u>		PRIMARY REG. DIST. NO. <u>5206</u>		Registrar's No. <u>26</u>	
1. PLACE OF DEATH a. COUNTY <u>Carroll</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Carroll</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Fairfield</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Harborne</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <u>Fairfield Twp</u> 0110 0			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nolie</u>			b. (Middle) <u>Ellsworth</u>		c. (Last) <u>Wampler</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAR 17 1955</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAY 2, 1892</u>		9. AGE (In years last birthday) <u>62</u>	10. UNDER 1 YEAR Days <u>10</u>	11. UNDER 1 MIA. Hours <u>15</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Carroll Co - MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Frank Wampler</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA HART</u>		14. NAME OF HUSBAND OR WIFE <u>Ethel Grigsby</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'S SIGNATURE OR NAME ADDRESS <u>Mrs. Nolie Wampler, Harborne, MO</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary</u>					<u>few minutes</u>
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Thrombosis</u> DUE TO (c) <u>(Cause unknown)</u>					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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)		<u>f201</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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>Jan 1, 1954</u> to <u>Mar 17, 1955</u> , that I last saw the deceased alive on <u>Mar 10, 1955</u> , and that death occurred at <u>2 A.M.</u> , from the causes and on the date stated above.							
23. SIGNATURE (Degree or title) <u>R. Hamilton Stator, M.D.</u>				23b. ADDRESS <u>Paris, Mo.</u>		23c. DATE SIGNED <u>Mar 17 55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-19-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ebenezer</u>		24d. LOCATION (City, town, or county) (State) <u>Bogard, MO</u>		
DATE REC'D BY LOCAL REG. <u>3-17-55</u>		REGISTRAR'S SIGNATURE <u>Mr. Herbert Calvert</u> 45		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Dickerson Funeral Home, Bogard, Mo.</u>			

JAN 15 1958

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.....
R.M. Maskey Jr.

Licensed Embalmer No. 74

P. O. Address.....
Carroll

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.