

FILED JUL 18 1951

STANDARD CERTIFICATE OF DEATH

State File No. 22276

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 178

1. PLACE OF DEATH a. COUNTY <b>Callaway</b>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Callaway</b>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <b>Fulton Mo</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Williamsburg Mo</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Callaway County Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>none</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Nelle</b>	b. (Middle) <b>May</b>	c. (Last) <b>Coil</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 8 th 1951</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>4-28-1887</b>	9. AGE (In years last birthday) <b>64</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Home</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (State or foreign country) <b>Shamrock Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>James W. Hamilton</b>	13b. MOTHER'S MAIDEN NAME <b>Tillie Buck</b>	14. NAME OF HUSBAND OR WIFE <b>E.O. Coil</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>NO</b>	17. INFORMANT'S SIGNATURE OR NAME <b>E.O. Coil</b>	ADDRESS <b>Williamsburg Mo</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>7 hrs</b>  <b>8-10 yrs</b>
	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)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>None</b>	19b. MAJOR FINDINGS OF OPERATION <b>---</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>---</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>---</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>---</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>---</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>---</b>
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22. I hereby certify that I attended the deceased from **Dec 5**, 1945, to **July 8**, 1951, that I last saw the deceased alive on **July 8**, 1951, and that death occurred at **5:45 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Lloyd E. Hutchins</b> (Degree or title) <b>D. O.</b>	23b. ADDRESS <b>Fulton, Missouri</b>	23c. DATE SIGNED <b>7/8/1951</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7-10-51</b>	24c. NAME OF CEMETERY <b>Hill Crest</b>	24d. LOCATION (City, town, or county) (State) <b>Fulton Missouri</b>
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DATE REC'D BY LOCAL REG. <b>July 10-1951</b>	REGISTRAR'S SIGNATURE <b>Maritta Lawrence</b>	426	25. FUNERAL DIRECTOR'S SIGNATURE <b>C. W. Hopkins</b>	ADDRESS <b>Montgomery City Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

1143  
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File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE NO. 4

JUL 14 1951

RECEIVED

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, ~~xxx~~ on the  
8th day of July 1951

working under my personal supervision.

Student Embalmer No. ....

C. W. Hopkins,

Signed *C. W. Hopkins*

Signed.....  
Student Embalmer

Licensed Embalmer No. 1487

P. O. Address. Montgomery City 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 this body is not embalmed, fact should be so stated above.