

FILED JUN 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16509

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>184</u>		PRIMARY REG. DIST. NO. <u>3028</u>		Registrar's No. <u>178</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Linn</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Brookfield</u>		a. STATE <u>Mo</u>		b. COUNTY <u>Linn</u>	
c. CITY (If outside corporate limits, write RURAL and give township) <u>Brookfield</u>		c. LENGTH OF STAY (in this place) <u>1</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Brookfield</u>		d. STREET ADDRESS (If rural, give location) <u>607 Linn</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>607 Linn</u>				d. STREET ADDRESS (If rural, give location) <u>607 Linn</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <u>Estelle</u>		b. (Middle) <u>Maude</u>		c. (Last) <u>Lomax</u>		a. (Month) <u>May</u>	
b. (Month) <u>May</u>		c. (Day) <u>23</u>		d. (Year) <u>1949</u>			
5. SEX <u>♀</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Jan 22, 1870</u>	
9. AGE (In years last birthday) <u>79</u>		10. MONTHS <u>4</u>		11. DAYS <u>7</u>		12. HOURS <u>1</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Brookfield, Mo</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>Norman Wonomaker</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Dalton</u>		14. NAME OF HUSBAND OR WIFE <u>Ed Lomax</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Ed Lomax</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		b. ANTECEDENT CAUSES				c. DUE TO (b) <u>Chronic Myocarditis</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		d. DUE TO (c) <u>Chronic Int Nephritic</u>				e. DUE TO (d) <u>Badly infected teeth and tonsils</u>	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death				10 " <u>10 "</u>	
18a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>4201</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>5/26, 1949</u> , to <u>5/23, 1949</u> , that I last saw the deceased alive on <u>5/23, 1949</u> , and that death occurred at <u>1 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>E. C. Smith</u> (Degree or title) _____				23b. ADDRESS <u>Brookfield</u>		23c. DATE SIGNED <u>5/26</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/26/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lochide</u>		24d. LOCATION (City, town, or county) <u>Lochide, Mo.</u> (State) _____	
DATE REC'D BY LOCAL REG. <u>May 27 1949</u>		REGISTRAR'S SIGNATURE <u>E. S. Crum</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bowden Funeral Home</u>		ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....

James B. McChelland

Signed.....
Student Embalmer

Licensed Embalmer No. 4230

P. O. Address Brookfield, 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.