

No. 300  
10-48

FILED JUL 11 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20383

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 243 PRIMARY REG. DIST. NO. 5831 Registrar's No. 16

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

1. PLACE OF DEATH a. COUNTY <b>NEWTON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>ARKANSAS</b> b. COUNTY <b>GARLAND</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>HOT SPRINGS</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>E. FRANKLIN TWP.</b>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <b>ELLERY</b> b. (Middle) <b>SHELTON</b> c. (Last) <b>WOMACK</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 27 1949</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>JAN 3 1915</b>		9. AGE (In years last birthday) <b>34</b>		10. IF UNDER 1 YEAR (Days) <b>5</b>	
11. IF UNDER 24 HRS. (Hours) <b>24</b>		11. BIRTHPLACE (State or foreign country) <b>CAMDENTON ARKANSAS</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ENGINEER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>ARK. GAS CO.</b>		13a. FATHER'S NAME <b>J.C. WOMACK</b>	
13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		14. NAME OF HUSBAND OR WIFE <b>UNKNOWN</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>CARUTH FUNERAL HOME Hot Spg ARK</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>BODY BADLY MANGLED AND CRUSHED</b>				INTERVAL BETWEEN ONSET AND DEATH  <b>8866</b>  <b>39</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>AEROPLANE CRASH</b>				
		DUE TO (c) <b>FORCED LANDING</b>				
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 type="checkbox"/>	
21a. ACCIDENT (Specify) <b>ACCIDENT</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>IN FIELD</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>NEAR NEOSHO NEWTON MISSOURI</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>6-27-49 10:30 a.m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>FORCED LANDING AEROPLANE 13</b>			

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **10:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Corley Thompson coroner</b>		23b. ADDRESS <b>Neosho Missouri</b>		23c. DATE SIGNED <b>6-27-'49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>6-28-1949</b>		24c. NAME OF CEMETERY OR CREMATORY	
24d. LOCATION (City, town, or county) (State) <b>HOT SPRINGS ARKANSAS</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Alpha Peyer</b>		25. ADDRESS <b>Corley Thompson Neosho Mo.</b>	

RECEIVED  
Newtown O. Health  
District Health Officer No. 749-115  
District File Number 749-115  
Dated July 5, 1949  
Temp Filed

JUL 11 1949

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

Rollie Kessel,

Student Embalmer No. 728

working under my personal supervision.

Signed

Rollie Kessel  
Student Embalmer

Signed

Wesley Thompson

Licensed Embalmer No. 3259

P. O. Address Newsho 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.