

FILED JUL 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24079

State File No.

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| BIRTH NO. <u>124</u> | | REG. DIST. NO. <u>206</u> | | PRIMARY REG. DIST. NO. <u>5THS</u> | | Registrar's No. <u>48</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Madison</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Central-Keef</u> | | c. LENGTH OF STAY (In this place) <u>10</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Central-Keef</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 mi. S.W. of Fredericktown</u> | | | | d. STREET ADDRESS (If rural, give location) <u>5 mi. S.W. of Fredericktown</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Paul</u> | | b. (Middle) <u>Dale</u> | | c. (Last) <u>Womack</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>7-10-49</u> | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>infant</u> | | 8. DATE OF BIRTH <u>April 3, 1945</u> | |
| 9. AGE (In years last birthday) <u>4</u> | | # UNDER 1 YEAR Months <u>3</u> Days <u>7</u> | | # UNDER 1 MO. Hours <u></u> Min. <u></u> | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Madison Co. Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>E.L. Womack</u> | | 13b. MOTHER'S MAIDEN NAME <u>Irene Darnell</u> | | 14. NAME OF HUSBAND OR WIFE | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Irene Womack, Fredericktown, Mo.</u> | | | |
| 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) <u>Streptococcic Sore Throat</u> 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. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> | |
| 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) | | | |
| 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>July 9, 1949</u> , to <u>July 10, 1949</u> , that I last saw the deceased alive on <u>July 9, 1949</u> , and that death occurred at <u>4:45 P.M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>E. W. DeLeyene V. D.O.</u> (Degree or title) | | | | 23b. ADDRESS <u>Fredericktown Mo.</u> | | 23c. DATE SIGNED <u>7-10-49</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>7/11/49</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Major's Memorial Park</u> | | 24d. LOCATION (City, town, or county) (State) <u>Madison Co. Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>7-16-49</u> | | REGISTRAR'S SIGNATURE <u>Florance Hicks</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Webb-Adamson</u> | | ADDRESS <u>Fredericktown, Mo.</u> | |

RECEIVED 7-26-49

Health Officer No. 4

District File Number 749-997

Date Filed

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 Student Embalmer

Signed J. Voljean Adamson

licensed Embalmer No. K351

P. O. Address. Fredricktown, Md

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.