V.S. No. 300
Rev. 10-48

FILED SEP 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27814

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 319

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

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Leadington, Mo.
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
a. STATE Missouri
b. COUNTY St. Francois
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Leadington
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Genevieve b. (Middle) C. c. (Last) Womack

4. DATE OF DEATH (Month) Aug (Day) 21 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH July 10, 1890
9. AGE (In years last birthday) 59 — If under 1 year: Months 1 Days 11 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (State or foreign country) Marquand, Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Fred J. Brotherton
13b. MOTHER'S MAIDEN NAME Amanda Nations
14. NAME OF HUSBAND OR WIFE Oscar Womack

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Mo. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Oscar Womack ADDRESS Leadington Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 7 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c) 331X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Hemorrhage 2 yrs ago

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION ✓
20. AUTOPSY? YES ☐ NO ☑

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) ✓ m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from June, 1947 to Aug 21, 1949, that I last saw the deceased alive on Aug 20, 1949, and that death occurred at 6:00 A.M. 8-21-49, from the causes and on the date stated above.

23a. SIGNATURE F. W. Zuspan (Degree or title) D.O.
23b. ADDRESS Flat River, Mo
23c. DATE SIGNED 8/22/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug 23, 1949
24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery
24d. LOCATION (City, town, or county) Flat River (State) Mo.

DATE REC'D BY LOCAL REG. Aug 29, 1949
REGISTRAR'S SIGNATURE Esther Rudloff
25. FUNERAL DIRECTOR'S SIGNATURE Raymond Caldwell ADDRESS Flat River Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 9-6-49

District Health Officer No. 4

District File Number 949-1179

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 R. Caldwell

Licensed Embalmer No. 2531

P. O. Address Flat River, 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.