

No. 300
10-48

FILED DEC 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43451

State File No.

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

10
0
0

BIRTH NO. _____ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 6151 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PARMA, NORTH</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CATRON</u>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>North of Parma, Mo 3mi</u>			
3. NAME OF DECEASED a. (First) <u>Byron</u> b. (Middle) <u>W</u> c. (Last) <u>WOMACK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 21, 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Jan. 28, 1892</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	9. AGE (In years last birthday) <u>57</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS: Hours _____ Min. _____
11. BIRTHPLACE (State or foreign country) <u>Hakenbaide, Miss.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry H. Womack</u>		13b. MOTHER'S MAIDEN NAME <u>Virginia Bingham</u>	
14. NAME OF HUSBAND OR WIFE <u>Hattie Womack</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>World War I</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Hattie Womack</u>		ADDRESS <u>CATRON, MO</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Crushed chest and internal injuries</u>			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____			INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthemia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<u>Eq 111</u> <u>110</u> <u>3</u>
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 checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Elk Twp. 10th Stoddard Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec. 21, 1949 9:30 A.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Farm tractor turned over on him.</u>			
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 <u>9:30 A.M.</u> , 19____, from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Wesley W. Rainey</u> Coroner		23b. ADDRESS <u>Dexter, Missouri</u>	
23c. DATE SIGNED <u>12-22-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-23-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>CROSSROADS</u>		24d. LOCATION (City, town, or county) (State) <u>Hoboken Linden, Miss.</u>	
DATE REC'D BY LOCAL REG. <u>12-24-1949</u>		REGISTRAR'S SIGNATURE <u>Volma J. Frank</u> 4039	
25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Watkins</u>		ADDRESS <u>Se. Parma, Mo</u>	

(Licensed) Embalmer's Statement on Reverse Side

MAR 13 1950

6358
of 2474

RECEIVED DEC 27 1950
District Health Office, No. _____
District File Number 1349
Date Filed _____

JUN 25 1950

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 Walter Marsh Watkins

Signed _____
Student Embalmer

Licensed Embalmer No. 4717

P. O. Address Dexter 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.