

STANDARD CERTIFICATE OF DEATH

State File No. **21123**

BIRTH NO. **124** REG. DIST. NO. **316** PRIMARY REG. DIST. NO. **6075** Registrar's No. **213**

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) Leadington		c. CITY (If outside corporate limits, write RURAL and give township) Leadington 0940	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) OSCAR b. (Middle) Benton c. (Last) WOMACK			4. DATE OF DEATH (Month) (Day) (Year) June 8 1957			
5. SEX male	6. COLOR OR RACE White	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept 25 1882	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 8 Days 13	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Mining		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Robert Womack		13b. MOTHER'S MAIDEN NAME E. valine maberry		14. NAME OF HUSBAND OR WIFE Genevive Womack	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS E. rexette Womack St. Louis 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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Disease		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio sclerosis		
	DUE TO (c) Diabetes mellitus		
11. 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 260X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **2-25**, 19**50**, to **6-8**, 19**57**, that I last saw the deceased alive on **6-8**, 19**57**, and that death occurred at **11 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. H. Appleberry M.D.	23b. ADDRESS Flux River MO	23c. DATE SIGNED 6-25-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/11-1957	24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	24d. LOCATION, (City, town, or county) (State) Leadington Mo.
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DATE REC'D BY LOCAL REG. JUNE 25 1957	REGISTRAR'S SIGNATURE Ether Rudloff	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Raymond Caldwell Flat River
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

File No. _____
DISTRICT HEALTH OFFICE No. 4

JUL - 2 1951

RECEIVED

JUL 11 1951

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

R. Caldwell

Signed.....
Student Embalmer

Licensed Embalmer No. 2531

P. O. Address Flat River, 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.