

STANDARD CERTIFICATE OF DEATH

FILED FEB 26 1953

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

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 4308 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY MCDONALD		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MCDONALD	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NOEL		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NOEL	
c. LENGTH OF STAY (in this place) 6 HRS		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION NONE			

3. NAME OF DECEASED a. (First) Marilyn b. (Middle) Lynn c. (Last) Womack			4. DATE OF DEATH (Month) (Day) (Year) 8-3-52		
5. SEX Female		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	
8. DATE OF BIRTH 8-3-52		9. AGE (In years last birthday) 6 hrs		10. UNDER 1 YEAR Months _____ Days _____	
11. BIRTHPLACE (State or foreign country) Noel, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY None			

13a. FATHER'S NAME James E. Womack		13b. MOTHER'S MAIDEN NAME Virginia L. Hensley		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME C. E. G. P. Noel ADDRESS NOEL-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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Too immature to maintain life			INTERVAL BETWEEN ONSET AND DEATH 6 hrs
		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.			774X

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **8/3**, 19**52**, to **8/3**, 19**52**, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE C. E. G. P. Noel (Degree or title) D.O.		23b. ADDRESS Noel, Mo		23c. DATE SIGNED Feb 18, 53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 8-3-52		24c. NAME OF CEMETERY OR CREMATORY SOUTH WEST		24d. LOCATION (City, town, or county) - (State) SOUTHWEST CITY-MO	
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DATE REC'D BY LOCAL REG. 2-20-53		REGISTRAR'S SIGNATURE Mary Hensley		25. FUNERAL DIRECTOR'S SIGNATURE C. E. G. P. Noel ADDRESS NOEL-MO	
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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 *H. M. Humphrey Jr.*.....

Licensed Embalmer No. *4708*.....

P. O. Address *Noel, 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.