

No. 300 FILED JAN 15 1953
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2408
Registrar's No. 5886

8770

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

BIRTH NO. _____		REG. DIST. NO. <u>264</u>		PRIMARY REG. DIST. NO. <u>3 5886</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Ozark</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Ozark</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural-13 township</u>		c. LENGTH OF STAY (In this place) <u>60 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural-13 township</u> <u>0770</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ladson Park</u>				d. STREET ADDRESS (If rural, give location) <u>Brixey, Mo. rural</u> <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Homer</u>		b. (Middle) <u>Preston</u>		c. (Last) <u>Womack</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1 8 1953</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>6-24-1892</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>14</u>	IF UNDER 24 HRS. Hours <u>1</u> Min. _____
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		11. BIRTHPLACE (State or foreign country) <u>Gainesville, Mo</u> <u>U</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Calvin Womack</u>		13b. MOTHER'S MAIDEN NAME <u>Francis Mayberry</u>		14. NAME OF HUSBAND OR WIFE <u>Ona Irend Womack</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>500-09-8385</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lourence Womack</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>cardiac decompensation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> 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 weeks</u> <u>2 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4500</u>				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) (Min.)		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 _____, 19 <u>50</u> , to <u>1/8/53</u> , 19____, that I last saw the deceased alive on <u>1/7/53</u> , 19____, and that death occurred at <u>6:20P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>M J Noerman</u>				23b. ADDRESS <u>Gainesville, Missouri</u>		23c. DATE SIGNED <u>1/12/53</u>	
24a. BURIAL/CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 10, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Smith Cemetary</u>		24d. LOCATION (City, town, or county) (State) <u>rural, Ozark County, Mo</u>		
DATE REC'D BY LOCAL REG. <u>1-14-53</u>		REGISTRAR'S SIGNATURE <u>Shane Mahan</u> <u>461</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clinkingbeard Funeral Home Gainesville</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

John R. Carey

Licensed Embalmer No. *4855*

P. O. Address *Cambridge, 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.