

FILED MAR 24 1953

STANDARD CERTIFICATE OF DEATH

State File No. 10334
039533

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5578

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give town) Duenweg		c. CITY (If outside corporate limits, write RURAL and give township) Duenweg	
c. LENGTH OF STAY (in this place) 3 Yrs.		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Melvina b. (Middle) c. (Last) Wamack			4. DATE OF DEATH (Month) (Day) (Year) March 16, 1953		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Oct. 21, 1876		9. AGE (In years last birthday) 76		10. UNDER 1 YEAR Months 4 Days 25	
11. BIRTHPLACE (State or foreign country) Dixon, Mo.		12. CITIZEN OF WHAT COUNTRY? USA			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY own home			

13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE A.T. Wamack	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME A.T. Wamack, Duenweg, Mo.	
16. SOCIAL SECURITY NO.				ADDRESS	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxia - Jurex James				Immediate	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Arterio sclerosis		E. 8940	
		Aloof conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		15	
		DUE TO (b) Has washing clothes - Paused Jurex into boiling water - Died instantly			
		DUE TO (c) From the fumes - 049			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jasper Jasper Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Mch 16 1953 10:00 AM		21e. INJURY OCCURRED WHILE AT WORK? <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? In hallway of James -	

22. I hereby certify that I attended the deceased from Feb 18, 1953, to Mch 16, 1953, that I last saw the deceased alive on Mch 9, 1953, and that death occurred at 10:00 AM, from the causes and on the date stated above.

23a. SIGNATURE R.M. Stormont - M.D.		23b. ADDRESS Webb City, Mo.		23c. DATE SIGNED 3-18-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-18-53		24c. NAME OF CEMETERY OR CREMATORY Carterville Cemetery		24d. LOCATION (City, town, or county) (State) Carterville, Missouri	
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DATE REC'D BY LOCAL REG. 3/18 '53		REGISTRAR'S SIGNATURE Mrs. Madeline Switzer		25. FUNERAL DIRECTOR'S SIGNATURE Johnston-Arnce-Simpson, Webb City, MO		ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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

1490

RECEIVED 3-23-53
Jasper County Health Office

County File Number 53/3/259

Date Filed 3-23-53

MAR 30 1953

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 *Jack C. Simpson*

Licensed Embalmer No. *4647*

P. O. Address *Webb City 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.