

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14015**

FILED MAY 15 1953

REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4234 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY Iron <u>0470</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Iron <u>0470</u>	
b. CITY (If outside corporate limits, write RURAL and give township) Ironton <u>0</u>		c. CITY (If outside corporate limits, write RURAL and give township) Rural, Kaolin <u>0</u>	
c. LENGTH OF STAY (In this place) 5 da.		d. STREET ADDRESS (If rural, give location) 9 mi. SW of Graniteville	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Mary's Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) JAKE	b. (Middle) ELVIN	c. (Last) WOMBLE	4. DATE OF DEATH (Month) (Day) (Year) May 7 1953
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED never married	8. DATE OF BIRTH Dec. 29 1886	9. AGE (In years last birthday) 66	10. UNDER 1 YEAR Months 4 Days 8	11. UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Iron Co. Missouri <u>0</u>	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James Womble	13b. MOTHER'S MAIDEN NAME Margaret Hurt	14. NAME OF HUSBAND OR WIFE ##
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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. no	17. INFORMANT'S SIGNATURE AND NAME A. B. Habbidge, Bellevue Mo.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 9 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage</u> DUE TO (c)		
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 331X	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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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?
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22. I hereby certify that I attended the deceased from 2-1 1953 to 2-7 1953, that I last saw the deceased alive on 2-7 1953, and that death occurred at 10.00A, from the causes and on the date stated above.

23a. SIGNATURE James O. Gey	(Degree or title) MD	23b. ADDRESS Middlebrook Mo.	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 5-9-53	24c. NAME OF CEMETERY OR CREMATORY Fitzgerald Cemetery	24d. LOCATION (City, town, or county) (State) Middlebrook Mo.
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DATE REC'D BY LOCAL REG. 5-14-53	REGISTRAR'S SIGNATURE Mrs. Lois Jones	25. FUNERAL DIRECTOR'S SIGNATURE White Funeral Home	ADDRESS Ironton Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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 *Amel White*

Licensed Embalmer No. 3012

P. O. Address *Indor Inc.*

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.