No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29584

FILED AUG 24 1953 BIRTH-NO. REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 91

1. PLACE OF DEATH
a. COUNTY: Pike
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Louisiana
c. LENGTH OF STAY (in this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Pike County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silex
d. STREET ADDRESS (If rural, give location): none

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3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Reginal
c. (Last): Vomund

4. DATE OF DEATH (Month) (Day) (Year): August 8, 1953

5. SEX: M 0
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single 0
8. DATE OF BIRTH: Dec. 17, 1884
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months 7, Days 21 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Funeral Director
10b. KIND OF BUSINESS OR INDUSTRY: Funeral Home
11. BIRTHPLACE (State or foreign country): Lincoln Co., Missouri 0
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: Henry Vomund
13b. MOTHER'S MAIDEN NAME: Ann Gertrude Wheatley
14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME: Mrs. M. Ara Leslie — ADDRESS: Burbank, Calif.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hypertensive Cardio Vascular Disease — 5 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Latent Lues — ?

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 443 XB
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 8-2, 1953, *to* 8-8, 1953, *that I last saw the deceased alive on* 8-8, 1953, *and that death occurred at* 1:45 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: Chas H. Lewellen (Degree or title) O.M.D.
23b. ADDRESS: Louisiana, Missouri
23c. DATE SIGNED: 8-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 8-11-53
24c. NAME OF CEMETERY OR CREMATORY: Millwood Cem.
24d. LOCATION (City, town, or county) (State): Millwood, Mo.

DATE REC'D BY LOCAL REG.: Aug 18, 1953 — REGISTRAR'S SIGNATURE: Bernice Collier
25. FUNERAL DIRECTOR'S SIGNATURE: J. A. Mudd — ADDRESS: Bowling Green, Mo.

(Licensed Embalmer's Statement on Reverse Side)

NOV 2 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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed James C. Mudd

Signed.....
Student Embalmer

Licensed Embalmer No. 4152

P. O. Address Bowling Green, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.