No. 300
10.48

FILED MAY 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11890

BIRTH NO. _____ REG. DIST. NO. 138 PRIMARY REG. DIST. NO. 4220 Registrar's No. 22

0430

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

1. PLACE OF DEATH
a. COUNTY: Hickory
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wheatland
c. LENGTH OF STAY (In this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): North Wheatland

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Hickory
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - 1/2 mile W. Elkton
d. STREET ADDRESS (If rural, give location): Tyler Township 0430

3. NAME OF DECEASED (Type or Print)
a. (First): Leland
b. (Middle): Morrison
c. (Last): Womack

4. DATE OF DEATH (Month) (Day) (Year): May 4 - 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Nov 4 - 1901
9. AGE (In years last birthday): 52 — If under 1 year: Months 6, Days 0 — If under 1 day: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Wood Saw Mill
10b. KIND OF BUSINESS OR INDUSTRY: Self Employed
11. BIRTHPLACE (State or foreign country): Elkton, Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: J. R. Womack
13b. MOTHER'S MAIDEN NAME: Ella Womack
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): None
16. SOCIAL SECURITY NO.: 494-20-2908
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: J. R. Womack, Elkton, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Apoplexy of Brain — INTERVAL BETWEEN ONSET AND DEATH: 3 day

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 334 X
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* July 15, 1947, *to* May 4, 1954, *that I last saw the deceased alive on* May 4, 1954, *and that death occurred at* 10:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dr. J. E. Briggs, D.O.
23b. ADDRESS: Wheatland, Mo.
23c. DATE SIGNED: May 5 1954

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 6-1954
24c. NAME OF CEMETERY OR CREMATORY: Gardner Cemetery
24d. LOCATION (City, town, or county) (State): Wheatland, Mo

DATE REC'D BY LOCAL REG.: May 6-1954
REGISTRAR'S SIGNATURE: May Johnson 464-1
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Gilbert Hathaway, Wheatland, Mo

(Licensed Embalmer's Statement on Reverse Side)

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. _____

BIRTH NO. _____ SUB. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY
b. CITY (If within corporate limits, write STREET, and give number) OR TOWN
c. LENGTH OF STAY (In this place)
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE
b. COUNTY
c. CITY (If within corporate limits, write STREET, and give number) OR TOWN
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First)
b. (Middle)
c. (Last)
4. DATE OF DEATH (Month) (Day) (Year)

5. SEX
6. COLOR OR RACE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH
9. AGE (In years last birthday) Months Days Hours Minutes
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME
13b. MOTHER'S MAIDEN NAME
14. NAME OF HUSBAND OR WIFE

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

18. CAUSES 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 or injury which caused death.
19. If more than one condition, injury or complication from which caused death, list the underlying cause last.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____
ANTECEDENT CAUSES
Morbid conditions, if any, giving 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.
20a. MAJOR FINDINGS OF OPERATION
20b. DATE OF OPERATION
20c. AUTOPSY? Yes ☐ No ☐

INTERVAL BETWEEN ONSET AND DEATH

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. _____

Student _____
Student Embalmer

Signed: Alex Peter Hettinger
Licensed Embalmer No. 4367
P. O. Address Zetterbloom, Mo.

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)
21d. TIME OF INJURY (Hour)
21e. HOW DID INJURY OCCUR?
21f. WHILE AT WORK? ☐ WORK ☐ AT WORK

22a. ACTIVITY CODE
22b. (Degree or title)
22c. DATE SIGNED

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.)

23a. BURIAL, CREMATION, REMOVAL (Specify)
23b. DATE
23c. NAME OF CEMETERY OR CREMATORY
23d. CITY, TOWN, OR COUNTY (State)

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

DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE
25. FUNERAL DIRECTOR'S SIGNATURE
ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

DETACH ALONG PERFORATION

DETACH ALONG PERFORATION

No. 500
10-49