

FILED JUL 6 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19601

State File No. _____

 BIRTH NO. 37132-54 REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 4308 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY <u>McDonald</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>McDonald</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Noel</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Noel</u>	
c. LENGTH OF STAY (In this place) <u>12 hrs.</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fountain Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dennis</u> b. (Middle) <u>Charles</u> c. (Last) <u>Womack</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6-27-54</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>None</u>	8. DATE OF BIRTH <u>6-26-54</u>
9. AGE (In years last birthday)	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Noel, Mo.</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Noel, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>James E. Womack</u>		13b. MOTHER'S MAIDEN NAME <u>Virginia Lee Hensley</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>James E. Womack</u>		ADDRESS <u>Tuba, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital Cerebral malformation</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>(7 thermal center destroyed)</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS* <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7531</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>6/26</u> , 19 <u>54</u> , to <u>6/27</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>6/27</u> , 19 <u>54</u> , and that death occurred at <u>4 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>L. D. Fountain</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Noel Mo</u>	
23c. DATE SIGNED <u>June 28, 54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6-28-54</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>SOUTHWEST CITY</u>		24d. LOCATION (City, town, or county) (State) <u>SOUTHWEST CITY MO.</u>	
DATE REC'D BY LOCAL REG. <u>6-28-54</u>		REGISTRAR'S SIGNATURE <u>Maquet Humphrey</u> <u>423-</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Maquet Humphrey</u>		ADDRESS <u>Noel Mo</u>	

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

H. P. Humphrey Jr.

Licensed Embalmer No. *47168*

P. O. Address. *Noel 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.