

FILED AUG 15 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25103**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **357** PRIMARY REG. DIST. NO. **629** Registrar's No. **8**

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Vernon</b>	
b. CITY OR TOWN <b>Drywood Twp. Rural</b>	c. LENGTH OF STAY (in this place) <b>1-2 yrs</b>	c. CITY OR TOWN <b>Nevada</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Rural Rt. #3 - Nevada, Mo</b>		e. STREET ADDRESS (If rural, give location) <b>Rural Rt. #3</b> <b>1070</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>John</b>	b. (Middle) <b>Wesley</b>	c. (Last) <b>Wommack</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>August 2, 1955</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>Wh</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept. 30, 1868</b>	9. AGE (In years last birthday) <b>86</b> If UNDER 1 YEAR: Months <b>11</b> Days _____ Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Teacher</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>retired</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Fairgrove, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>Franklin Wommack</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Tracy</b>	14. NAME OF HUSBAND OR WIFE <b>Zelphia Janie Wommack</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Zelphia Janie Wommack</b> ADDRESS <b>Nevada, MO</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerosis</b>		
	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 <b>794X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 **7-12-1955** to **July 25, 1955**, that I last saw the deceased alive on **7-25-1955**, and that death occurred at **8:30 P. M.** from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b> (Degree or title)	23b. ADDRESS <b>Nevada, Mo</b>	23c. DATE SIGNED <b>8-5-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>Aug. 4, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Moore Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Nevada, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Aug 10 1955</b>	REGISTRAR'S SIGNATURE <b>Ms. Ruth Faith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Ferry</b> ADDRESS <b>FUNERAL Home Nevada, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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AUG 17 1955

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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:.....  
Signature of Student Embalmer

Signed *L. Douglas Ferry*.....

Licensed Embalmer No. *4965*

P. O. Address *Nevada, N.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.