

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-000199

STATE FILE NUMBER

AMENDED

Registration District No. 232

Primary Registration District No.

Registrar's No. 8

FILED JAN 30 1962

1. PLACE OF DEATH a. COUNTY <u>BOLLINGER CO</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>BOLLINGER CO</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>UNION-TOWNSHIP</u>		c. CITY OR TOWN <u>PATTON MO</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>PATTON MO</u>		d. STREET ADDRESS (If outside, give location) <u>UNION TOWNSHIP</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>ENZA B WOMACK</u>		4. DATE OF DEATH Month Day Year <u>JAN-20 1962</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH <u>JAN-24-1897-72</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <u>SPONDANO OHIO</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>J. PHYFEAY</u>		13b. MOTHER'S MAIDEN NAME <u>MARY GALLOP</u>	
14. NAME OF HUSBAND OR WIFE <u>FRANK WOMACK</u>		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. <u>491-14-6338A</u>		17. INFORMANT <u>FRANK WOMACK</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Influenza</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown	
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐	20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from <u>Jan 16th 1962</u> to <u>Jan 20th 1962</u> and last saw her alive on <u>Jan 16th 1962</u> Death occurred at <u>10 P.M. 1-20-62</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Edgar Critchfield M.D.</u>		22b. ADDRESS <u>Seafordville Mo</u>	
22c. DATE SIGNED <u>1/23/62</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
23b. DATE <u>JAN-23-1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>CHARTER LAM</u>	
23d. LOCATION (City, town, or county) <u>JOFFERSON CO</u>		23e. STATE <u>MO</u>	
24. FUNERAL DIRECTOR <u>E. F. HOGAN</u>		25. DATE RECD. BY LOCAL REG. <u>1-23-62</u>	
26. REGISTRAR'S SIGNATURE <u>Mo Buford Cradue</u>			

(Licensed Embalmers Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

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 Raymond B. Watson

Licensed Embalmer No. 4884

P. O. Address Frederickton, Md.

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.