MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 340 Primary Registration District No. 3075 Registrar's No. 37 -62-017723 STATE FILE NUMBER

FILED MAY 3 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 1035
2 1030
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4 1
5 2
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7 0
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9 4200
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12 860
13 2-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED / INSTEAD OF / SHOULD READ / ITEM NO. / BY AFFIDAVIT OF / DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY STODDARD
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN DEXTER — Length of stay in lb 8 months
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION COMEAU CONV. MANOR — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY STODDARD
c. CITY OR TOWN BLOOMFIELD — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First NORA Middle B. Last WAMMACK
4. DATE OF DEATH Month APRIL Day 3, Year 1962
5. SEX F.
6. COLOR OR RACE W.
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH APRIL 15-71
9. AGE (last birthday) 90 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY ****
11. BIRTHPLACE (City and state or country) BLOOMFIELD, MO.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME GEORGE S. WHITE
13b. MOTHER'S MAIDEN NAME MARGARET FRAZIER
14. NAME OF HUSBAND OR WIFE RALPH WAMMACK (Deceased)
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. NONE
17. INFORMANT Address Mrs. John Rhodes, Chaffee, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH 12 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis — 7 years
DUE TO (c) Arteriosclerotic heart disease — 2 years
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 August 1961, to April 3rd 1962 and last saw her him alive on April 3rd 1962
Death occurred at 3:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R Comeau M.D.
22b. ADDRESS Dexter Mo
22c. DATE SIGNED 4/7/62

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE APR. 5-1962
23c. NAME OF CEMETERY OR CREMATORY BLOOMFIELD, CEMETERY
23d. LOCATION (City, town, or county) (State) BLOOMFIELD, MISSOURI

24. FUNERAL DIRECTOR ADDRESS CHILES UND. CO., BLOOMFIELD, MO.
25. DATE RECD. BY LOCAL REG. 4-23-62
26. REGISTRAR'S SIGNATURE Velma V Jenkins

(Licensed Embalmer's Statement on Reverse Side)

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, & by LULU COOPER #3499, Student Embalmer No. 4119

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ivan E. Cooper

Licensed Embalmer No. 4119

P. O. Address BLOOMFIELD, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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