

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-024350

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 346

Primary Registration District No.

Registrar's No. 254

FILED JUN 19 1962

VS 300
Rev. 4/59

1 0940

2 0940

3 2

4 0

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9 4200

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12 90-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rivermines		c. CITY OR TOWN Rivermines	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) 11 Hill St.	
3. NAME OF DECEASED (Type or print) CHARLES R. WOMACK		4. DATE OF DEATH June 10, 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/11/1893
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Miner		10b. KIND OF BUSINESS OR INDUSTRY Lead	11. BIRTHPLACE (City and state or country) Madison Co. Mo.
13a. FATHER'S NAME Robert Womack		13b. MOTHER'S MAIDEN NAME Eveline Mayberry	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. [REDACTED]	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterio Sclerotic Heart Disease DUE TO (b) Arterio Sclerosis DUE TO (c) _____ 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		14. NAME OF HUSBAND OR WIFE Emma (Wampler) Womack	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 _____		20f. CITY, TOWN, OR LOCATION Rivermines, Mo.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from March 12-57 to June 10-62 and last saw him alive on June 8. 62 Death occurred at 1:25 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22b. ADDRESS Rivermines, Mo.	
22a. SIGNATURE C. H. Applesberry M.D.		22c. DATE SIGNED 6/11/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23c. NAME OF CEMETERY OR CREMATORY Hillview Memo. Gardens	
23b. DATE 6/13/1962		23d. LOCATION (City, town, or county) (State) Farmington, Mo.	
24. FUNERAL DIRECTOR Murphy L. Sparks Flat River, Mo.		25. DATE RECD. BY LOCAL REG. June 13 1962	
		26. REGISTRAR'S SIGNATURE Ethel Rudloff	

JUN 21 1962

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 Murphy L. Spahr

Licensed Embalmer No. 4256

P. O. Address West River, 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.