

FILED APR 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42308**
655
Registrar's No. **128**

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000	
1. PLACE OF DEATH a. COUNTY Greene			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. LENGTH OF STAY (In this place) 2 1/2 weeks	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fair Grove Mo. 1390		d. STREET ADDRESS (If rural, give location) Fair Grove, Mo. 0
d. FULL NAME OF HOSPITAL OR INSTITUTION 1614 N. Benton					
3. NAME OF DECEASED (Type or Print) a. (First) MORTON b. (Middle) McLEE c. (Last) WOMMACK			4. DATE OF DEATH (Month) (Day) (Year) April 21, 1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH July 20, 1869	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 0 IF UNDER 6 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Elkland, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Richard Wommack		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Widowed		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.	16. SOCIAL SECURITY NO. No.	17. INFORMANT'S SIGNATURE OR NAME Dred Wommack ADDRESS Rt. 5 Springfield Mo.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion (Probable) 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.				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____ until _____, and that death occurred at 12:30 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE W.E. Handley MD		23b. ADDRESS Local Base Vital Statistics City Hall, Springfield, Missouri		23c. DATE SIGNED 4/23/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-23-51	24c. NAME OF CEMETERY OR CREMATORY Cedar Bluff Cemetery	24d. LOCATION (City, town, or county) (State) Fair Grove Missouri		
DATE REC'D BY LOCAL REG. 4-23-51	REGISTRAR'S SIGNATURE W.E. Handley MD		25. FUNERAL DIRECTOR'S SIGNATURE J.W. Klingner & Co. ADDRESS Springfield Mo.		

UNATTENDED BY PHYSICIAN

4201

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0396
3

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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed.....

Max Rhodes

Signed.....

Student Embalmer

Licensed Embalmer No. *4071*

P. O. Address *Springfield*

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.