

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19925**
Registrar's No. **543**

BIRTH NO. **36555-51** REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000**

396
0

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

| | | | |
|---|--|--|--|
| 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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Strafford Rural Jackson Twp | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital | | d. STREET ADDRESS (If rural, give location) R#3 0390 | |

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|---|-------------------------------|--|--|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) SHARLENE b. (Middle) WOMMACK c. (Last) WOMMACK | | | 4. DATE OF DEATH (Month) (Day) (Year) JUNE 17 1951 | | |
| 5. SEX Female | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single | 8. DATE OF BIRTH June 10 1951 | 9. AGE (In years last birthday) 0 | 9. AGE (In years last birthday) 0 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant | | 10b. KIND OF BUSINESS OR INDUSTRY Infant | | 11. BIRTHPLACE (State or foreign country) Missouri | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | | | | |

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|--|--|---|--|--|--|
| 13a. FATHER'S NAME Fredrick Wommack | | 13b. MOTHER'S MAIDEN NAME Wanda Kostelecky | | 14. NAME OF HUSBAND OR WIFE Single | |
| 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. No | | 17. INFORMANT'S SIGNATURE OR NAME Fredrick Wommack ADDRESS Strafford Mo. | |

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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sepsis | | | INTERVAL BETWEEN ONSET AND DEATH 2d | |
| | | 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. Premature birth | | | | |

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|---|--|--|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 7735 | | 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) | | 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 **6:10**, **1951**, to **6-17, 1951**, that I last saw the deceased alive on **6-17, 1951**, and that death occurred at **6:15 A. m.**, from the causes and on the date stated above.

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|---|--|------------------------------------|--|--|--|
| 23a. SIGNATURE W. E. Haulley (Degree or title) ms | | 23b. ADDRESS Springfield Mo | | 23c. DATE SIGNED 6-18-51 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE Jun. 18 1951 | | 24c. NAME OF CEMETERY OR CREMATORY Bassville Cemtery | |
| | | | | 24d. LOCATION (City, town, or county) (State) North of Strafford, Mo. | |

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|---|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. 6-18-51 | | REGISTRAR'S SIGNATURE W. E. Haulley | | 25. FUNERAL DIRECTOR'S SIGNATURE J. W. Klingner & Co. ADDRESS Springfield | |
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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.

Signed Max A. Rhodes

Signed.....
Student Embalmer

Licensed Embalmer No. 4071

P. O. Address Spring Hill

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.