

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

8089

State File No. ....

Registrar's No. 280-B

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Arkansas</u> b. COUNTY <u>Benton</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>Springfield</u>		c. LENGTH OF STAY (In this place) <u>15 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Bentonville, RURAL</u>		<u>8030</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Burge Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>Rural Route # 1</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>LARRY</u> b. (Middle) <u>WAYNE</u> c. (Last) <u>WOMACK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 16 1952</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>2-22-52</u>	9. AGE (In years last birthday) <u>3</u> <u>Wks</u> <u>2d</u> <u>3</u> <u>2</u>	IF UNDER 1 YEAR Hours Mts.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of foreign country) <u>Bentonville, Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>7 mee.</u>

13a. FATHER'S NAME <u>Mr. Elvia Womack</u>		13b. MOTHER'S MAIDEN NAME <u>Mrs. Murrel Wiseman</u>		14. NAME OF HUSBAND OR WIFE -----	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Elvia Womack, Bentonville, Ark</u>				ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal Obstruction</u>	DUPLICATE OF (a) <u>Intraluminal Band</u>					
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbidity 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.						

19a. DATE OF OPERATION <u>3/14/52</u>	19b. MAJOR FINDINGS OF OPERATION <u>Obstruction</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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) <u>5705</u>
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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?
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22. I hereby certify that I attended the deceased from MARCH 11, 1952, to MARCH 16, 1952, that I last saw the deceased alive on MARCH 15, 1952, and that death occurred at 12:30 AM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M. Healdy, M.D.</u>	23b. ADDRESS <u>Burge Hospital</u>	23c. DATE SIGNED <u>3/16/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>	24b. DATE <u>3-17-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Centerton</u>	24d. LOCATION (City, town, or county) (State) <u>Centerton, Ark.</u>
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DATE REC'D BY LOCAL REG. <u>3-29-52</u>	REGISTRAR'S SIGNATURE <u>James T. Ama, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl McKinney</u>	ADDRESS <u>Bentonville, Ark.</u>
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(Licensed Embalmer's Statement on Reverse Side)

No. 300  
10. 48  
96  
0  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

11-1-1911  
12-1-1911

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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

Signed.....  
Student Embalmer

Licensed Embalmer No. ....

P. O. Address \_\_\_\_\_

**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.