No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUL 14 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20214

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5463 Registrar's No. 666

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fair Grove R# 1
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Fair Grove R# 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Greene 0390
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fair Grove R.2
d. STREET ADDRESS (If rural, give location): Fair Grove R. 2

3. NAME OF DECEASED (Type or Print)
a. (First): Mamie
b. (Middle): M.
c. (Last): Wommack

4. DATE OF DEATH (Month) (Day) (Year): July 6 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec. 5, 1870
9. AGE (In years last birthday): 82 — If under 1 year: Months / Days — If under 24 hrs.: 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: Home-making
11. BIRTHPLACE (State or foreign country): Greene Co. Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Wm Thos. Mathis
13b. MOTHER'S MAIDEN NAME: Eliza J Finley
14. NAME OF HUSBAND OR WIFE: Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Essie McCroskey — ADDRESS: Fair Grove, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cardio-Renal-Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
442X
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-26 *19*47, *to* 7-6, *19*52, *that I last saw the deceased alive on* 4-1, *19*52, *and that death occurred at* 2:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] — (Degree or title): MD
23b. ADDRESS: Springfield Mo
23c. DATE SIGNED: 7-7-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/8/52
24c. NAME OF CEMETERY OR CREMATORY: Cedar Bluff
24d. LOCATION (City, town, or county) (State): Greene County Mo.

DATE REC'D BY LOCAL REG.: 7/7/52
REGISTRAR'S SIGNATURE: Edith Williamson, Dep Reg by Bernice Mallen
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: J.W.Klingner & Co. Springfield Mo.

(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, or by.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

Student Embalmer

Signed

Licensed Embalmer No. 4071

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.