

1891

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300

10.48

FILED FEB 7 1956

BIRTH NO. _____		REG. DIST. NO. <u>5677</u>		PRIMARY REG. DIST. NO. <u>181</u>		Registrar's No. <u>3</u>	
1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural (Union Twp.)</u>		c. LENGTH OF STAY (in this place) <u>life</u>		c. CITY OR TOWN <u>Union Twp.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Farm Residence</u>				e. STREET ADDRESS (If rural, give location) <u>Farm Residence</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>John</u>		b. (Middle) _____		c. (Last) <u>Wommack</u>	
4. DATE OF DEATH		5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	
8. DATE OF BIRTH <u>March 7 1883</u>		9. AGE (In years last birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lincoln Co. Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Jasper Wommack</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Jackson</u>		14. NAME OF HUSBAND OR WIFE <u>Never Married</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Charlie Wommack, Whitesides, Missouri</u>			
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) <u>Suffocation due to smoke & fire</u> ANTECEDENT CAUSES <u>Supposed explosion of stove, setting fire to house which was burned down.</u> DUE TO (b) <u>Remains were recovered next morning. Fire was discovered 10:30 PM 1/24/56 out of contr</u> 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 <u>Unknown</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>16</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Union Twp. Lincoln Co. Missouri.</u>		21d. (STATE) <u>Missouri</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan. 24, 1956</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Caught in burning house and burned to death.</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Charles J. Mack</u>				CORONER (Degree or title) _____		23b. ADDRESS <u>351 Monroe St. Troy, Mo.</u>	
23c. DATE SIGNED <u>1/25/56</u>		24a. BURNAL, CREMA- (Specify) <u>Burial</u>		24b. DATE <u>1/26/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Auburn Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Lincoln Co, Missouri.</u>		DATE REC'D BY LOCAL REG. <u>Jan 28-1956</u>		REGISTRAR'S SIGNATURE <u>Mrs. Clarence Bentley</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Kemper Funeral Home, Troy, Missouri.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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.. "This body was not embalmed due to extensive
tion by fire."

Student.....
Signature of Student Embalmer

Signed.....
Joseph J. Marsh
Licensed Embalmer No...3932...

P. O. Address Troy, Missouri

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.