

FILED DEC 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40417**
Registrar's No. **50**

BIRTH NO. _____ REG. DIST. NO. **373** PRIMARY REG. DIST. NO. **6265**

1. PLACE OF DEATH a. COUNTY WEBSTER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY WEBSTER	
b. CITY OR TOWN STRAFFORD		c. CITY OR TOWN STRAFFORD R3	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) LMI NE. STRAFFORD	

3. NAME OF DECEASED (Type or Print) a. (First) HARVEY b. (Middle) WOMMACK c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) NOV 18 1956		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH July 20 1890	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET FARMER	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME DANIEL WOMMACK	13b. MOTHER'S MAIDEN NAME ELIZABETH STRATTON	14. NAME OF HUSBAND OR WIFE ALICE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ALMA NASH STRAFFORD	ADDRESS MO R3
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiovascular Renal Syndrome		INTERVAL BETWEEN ONSET AND DEATH 8 years
	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 _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 442X
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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 **1948**, to **11/16 1956** that I last saw the deceased alive on **11/16 1956**, and that death occurred at **2450 m.**, from the causes and on the date stated above.

23a. SIGNATURE Dr. N. Frank	(Degree or title) _____	23b. ADDRESS Strafford Mo.	23c. DATE SIGNED 11/24/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 11-20-1956	24c. NAME OF CEMETERY OR CREMATORY MT PISGATAH	24d. LOCATION (City, town, or county) (State) WEBSTER CO MO
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DATE REC'D BY LOCAL REG. 11-29-56	REGISTRAR'S SIGNATURE J. Lewis	25. FUNERAL DIRECTOR'S SIGNATURE BARBER-EDWARDS	ADDRESS MARSAFIELD MO
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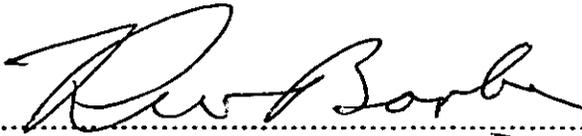
WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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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..

Student.....
Signature of Student Embalmer

Signed.....


Licensed Embalmer No. 38

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.