

THE DIVISION OF HEALTH OF MISSOURI

FILED AUG 26 1957

STANDARD CERTIFICATE OF DEATH

'57 027737  
State File No.

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

BIRTH NO. _____		REG. DIST. NO. <u>58</u>		PRIMARY REG. DIST. NO. <u>4087</u>		Registrar's No. <u>20</u>	
1. PLACE OF DEATH a. COUNTY <u>CARTER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>4087</u> c. COUNTY <u>CARTER</u>			
b. CITY OR TOWN <u>VAN BUREN</u>		c. LENGTH OF STAY (in this place) <u>40 yrs</u>		c. CITY OR TOWN <u>VAN BUREN</u>		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RESIDENCE</u>				e. STREET ADDRESS (If rural, give location) <u>VAN BUREN</u> 0180			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JASPER</u>		b. (Middle) <u>MARION</u>		c. (Last) <u>WOMACK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-8-57</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MAY 13 1867</u>	
9. AGE (In years last birthday) <u>90</u>		if UNDER 1 YEAR Days <u>1</u>		if UNDER 12 HRS. Hours <u>25</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>CENTRALIA ILL</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TIMBER WORKER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>LABORER</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>CENTRALIA ILL</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>ABNER WOMACK</u>		13b. MOTHER'S MAIDEN NAME <u>POLLY PYRTLE</u>		14. NAME OF HUSBAND OR WIFE <u>ELLA WOMACK</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>CECIL WOMACK, VAN BUREN MO</u>			
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>Acute coronary failure</u>		II. OTHER SIGNIFICANT CONDITIONS				6 mos	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				6 yrs.	
Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Chronic myocarditis</u>					
		DUE TO (c) <u>and senility</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) <u>4222</u>			
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 <u>7-6</u> , 19 <u>57</u> , to <u>7-8</u> , 19 <u>57</u> that I last saw the deceased alive on <u>7-7</u> , 19 <u>57</u> , and that death occurred at <u>5:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Frank J. Rucinski D.O.</u>				23b. ADDRESS <u>Van Buren, Mo</u>		23c. DATE SIGNED <u>7/10/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/10/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>VAN BUREN</u>		24d. LOCATION (City, town, or county) (State) <u>VAN BUREN - MO</u>	
DATE REC'D BY LOCAL REG. <u>Aug. 15-57</u>		REGISTRAR'S SIGNATURE <u>Mrs. Oeta Henson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Colonel W. J. Henson Van Buren MO</u>			

RECEIVED

AUG 22 1957

CARTER COUNTY  
HEALTH CENTER

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 *Allen C. McJannet*

Licensed Embalmer No. 454

P. O. Address Van Buren

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.