

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1909
STATE FILE NUMBER
9

FILED JAN 27 1958

Registration District No. 107 Primary Registration District No. 5676 Registrar's No. 9

300
1-57

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1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Silex		c. CITY OR TOWN Silex	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4 miles West Silex, Mo.		d. STREET ADDRESS (If outside, give location) 5 Mi. W. Silex	
3. NAME OF DECEASED (Type or print) First Wayne Middle Donald Last Wommack		4. DATE OF DEATH Month Jan Day 12 Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 14, 1931
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Wabash Drilling Co. Silex, Mo.	9. AGE (In years last birthday) 26 IF UNDER 1 YEAR Months 2 Days 28 Hours Min.
11. BIRTHPLACE (City and state or country) 0		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME George Wommack		13b. MOTHER'S MAIDEN NAME Florenne Murphy	
14. NAME OF HUSBAND OR WIFE none		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 1952-1956	
16. SOCIAL SECURITY NO. 536-36-3270		17. INFORMANT George Wommack, Silex, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DISSENT Crushed Chest, Broken Neck, & Other injuries. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Automobile Traumatism DUE TO (c) Coroner's Jury Verdict			INTERVAL BETWEEN ONSET AND DEATH Inst.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Car he was driving collided with another, Head-On	
20c. TIME OF INJURY Hour 1:45 Month 1 Day 12 Year 58 a.m. <input checked="" type="checkbox"/> p.m. <input type="checkbox"/>		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hiway		20f. CITY, TOWN, OR LOCATION 05 COUNTY STATE Missouri Millwood Twp. Lincoln	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Joseph J. Marsh</i> (Degree or title) Coroner		22b. ADDRESS 351 Monroe St. Troy, Missouri	
22c. DATE SIGNED 1/17/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-15-58	
23c. NAME OF CEMETERY OR CREMATORY Millwood Cemetery		23d. LOCATION (City, town, or county) (State) Millwood, Missouri	
24. FUNERAL DIRECTOR J. O. Mudd, Bowling Green, Mo.		25. DATE RECD. BY LOCAL REG. 1/25/58	
		26. REGISTRAR'S SIGNATURE <i>Mrs. Clarence Kientz</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

FEB 18 1958

FEB 4 1958

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 James C. Mordal

Licensed Embalmer No. 4152

P. O. Address Portland, Maine

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.