

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022714
STATE FILE NUMBER

FILED JUL 14 1958 Registration District No. 231 Primary Registration District No. 3048 Registrar's No. 164

1. PLACE OF DEATH a. COUNTY <u>Madawson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Stout</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Manlyville</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Stoutberry</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Francis</u> Length of stay in lb <u>1 day</u>		d. STREET ADDRESS <u>44 9th about 1/2 way</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>William P. WOMELDUFF</u>			4. DATE OF DEATH Month Day Year <u>July 5-1958</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Apr 3-1885</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>not root of profession</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ironwood</u>	11. BIRTHPLACE (City and state or country) <u>Jefferson Co. Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Jerry H. Womeluff</u>	
13b. MOTHER'S MAIDEN NAME <u>nee</u>		14. NAME OF HUSBAND OR WIFE <u>Accl Womeluff</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>703-01-2395</u>	17. INFORMANT Address <u>Mrs W.P. Womeluff Stoutberry Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Myocardial Infarction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Coronary Atherosclerosis</u> DUE TO (c) <u>4201</u>			INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs</u> <u>75 yrs</u>
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 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.)	
20c. TIME OF INJURY . Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>July 4, 1958</u> , to <u>July 5, 1958</u> and last saw her alive on <u>July 5, 1958</u> Death occurred at <u>8:45 P.M.</u> from the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Stoutberry MD</u> (Degree or title)		22b. ADDRESS <u>Manlyville Mo</u>	
22c. DATE SIGNED <u>7/6/58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>7/8/58</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>St. Francis</u>		23d. LOCATION (City, town, or county) (State) <u>Manlyville Mo</u>	
24. FUNERAL DIRECTOR <u>Taber A. Phillips</u> ADDRESS <u>Stoutberry Mo</u>		25. DATE RECD. BY LOCAL REG. <u>7-12-58</u>	
26. REGISTRAR'S SIGNATURE <u>Bess Bolt</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

JUL 25 1958

APR 19 1962

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 *Henry F. Phillips*

Licensed Embalmer No. *1898*
P. O. Address *Staten*

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.