

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022723
STATE FILE NUMBER

FILED JUL 14 1958

Registration District No. 231

Primary Registration District No. 5858

Registrar's No. 166

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Nodaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maitland		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Ravenwood
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION rural Heights		Length of stay if in hospital <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 074
3. NAME OF DECEASED (Type or print) GWELDON DEAN WOMACK		First Middle Last	4. DATE OF DEATH Month June Day 28 Year 1958
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov 9, 1930
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Sales & Delivery	11. BIRTHPLACE (City and state or country) Ravenwood, Mo
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Herman Womack	
13b. MOTHER'S MAIDEN NAME Lora Severe		14. NAME OF HUSBAND OR WIFE Mrs Mary Jane Womack	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 486 30 1971	17. INFORMANT Mrs Mary Jane Womack, Ravenwood, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Drowning accidental			INTERVAL BETWEEN ONSET AND DEATH 5 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			9298 42
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.) Got into too deep water.		
20c. TIME OF INJURY Hour _____ :Month, Day, Year _____ - a.m. _____ - p.m. _____			
20d. INJURY OCCURRED WHILE AT WORK <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.) Nodaway River near Maitland	20f. CITY, TOWN, OR LOCATION 074	COUNTY Nodaway STATE Missouri
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) B. F. Byland M.D.		22b. ADDRESS Maryville MO	22c. DATE SIGNED 7/2/58
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 7/2/1958	23c. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery	23d. LOCATION (City, town, or county) Ravenwood, Mo.
24. FUNERAL DIRECTOR McPherson Maryville		25. DATE RECD. BY LOCAL REG. 7-12-58	26. REGISTRAR'S SIGNATURE Bess Bolt

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Secretary, 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 2 1958

FEB 27 1959

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 *G. M. Mitchell*

Licensed Embalmer No. *3379*

P. O. Address *Maryville*

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.